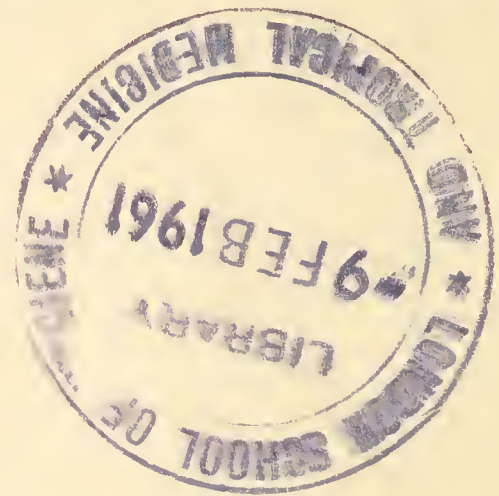


20 NOV 1959



Gloucestershire County Council

Annual Report

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1958

GEO. F. BRAMLEY

County Medical Officer of Health



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Health Department,
Berkeley Chambers,
Berkeley Street,
Gloucester.

July, 1959.

*To the Chairman and Members of
the Health Committee.*

MADAM, LADIES AND GENTLEMEN,

The number of births and the birth rate rose again in 1958 almost to the high figures reached immediately following the last war. There was no increase in births in hospital and therefore more babies were born at home. This has meant an increase in the work of the domiciliary midwives. Hospital beds are being used more for ante-natal care and mothers confined in hospital are being discharged earlier. The early discharge has also meant more work for domiciliary midwives, who care for lying-in mothers up to and including the 14th day. The Infantile Mortality Rate fell to the low rate recorded in 1956 and more babies attended the Child Welfare Centres.

The work of the health visitors has been heavy due to the increasing number of young children and to the very large part they have played in vaccination against poliomyelitis. Although we had our full number of health visitors, their numerous additional responsibilities have made obvious the need for more help in this field. It would probably be premature to have a review until the Minister of Health has issued advice after consideration of the Report of the Working Party on Health Visiting.

There was an increase in the number of deaths as compared with 1957 but practically all the increase was of persons over the age of 65. The causes have followed the usual pattern taking into account that there was no influenza epidemic during the year. As in 1957 there was no increase in the number of deaths from cancer of the lung. This disease takes its largest toll in males in the 45-64 age group. Men of this age are a serious loss to the community. The association of this disease with earlier heavy cigarette smoking has been further established. We have taken steps to advise younger people of this association, but for many reasons the advice does not seem to be accepted.

There were no major epidemics in the year. There were only a few cases of poliomyelitis. More vaccine against this disease was available and we used all available to us. The acceptance rates in Gloucestershire were higher than the national average but still not a big enough proportion of the vulnerable age groups was protected by the end of the year to be certain that the vaccination campaign had prevented a prevalence of the disease in 1958. The climatic conditions were poor with a wet Summer which might have helped to protect us against poliomyelitis in 1958.

The Minister has asked that this report should contain a brief general survey of the manner in which during the first ten years the local health services have functioned in the wider setting of the National Health Service generally. The following review, because of its brevity, is neither exclusive nor inclusive.

Section 21 : Health Centres. One has been provided, the fifth in the country. It was newly built on a new housing estate and is used by twenty-three General Practitioners as branch surgeries. Dentists, Chemists and the Hospital Services did not wish to have accommodation so that it falls far short of the Health Centre envisaged when the National Health Service Act was in embryo. It has run smoothly but perhaps somewhat disappointingly from the point of view of integration of all the health services. It is, however, a great convenience to the residents of the very large new estate and to the doctors using it. The clinic part of the building has proved too small for the number of sessions required and the number of people using it. This is not surprising as it was built at a time of restricted capital and building, when it appeared that if anything larger had been insisted on there would have been no Health Centre at all.

Section 22 : Care of Mothers and Young Children. This has expanded on conventional lines both in scope and extent. With a young and over the larger part of the County a sparse rural population, Child Welfare Centre provision could not have been achieved widely without unstinting voluntary help by local ladies at Child Welfare Centres and the overall guidance of the Federation of Child Welfare Centres. Two Mobile Child Welfare Centres covering smaller villages and new housing estates which have no suitable halls have been successfully introduced. The policy of appointing local General Practitioners as Medical Officers at the Centres has been continued. The work at the Clinics is educational and preventive with no treatment services and prophylactic vaccination is a major part of the Clinic Doctor's work. Mothers' Clubs have developed spontaneously in some places but they do not replace the Centres.

It has not been possible to give more than a partial dental service despite the duty put upon us as a priority, because we have never had more than half the dentists we are entitled to appoint. However, a beginning has been made and preventive teaching has developed. A dental workshop has been established and runs successfully ; appliances and dentures are made also for the Hospital Service and for a neighbouring Local Health Authority.

In North Gloucestershire and in conjunction with the Medical Officer of Health of the City of Gloucester, so far as the Gloucester Maternity Hospital is concerned, maternity hospital bookings are made in the Health Department. This is at the request of the hospitals concerned, and ensures close working with all members of the midwifery team—hospital and domiciliary.

The Local Health Authority no longer provides doctors at Ante-natal Clinics. We have a variety of methods of working together, from joint use of the Ante-natal Clinic at a Hospital to the midwife seeing the expectant mother with the doctor in our clinics, or in the doctor's surgery or the patient's home. Our Ante-natal Centres are mainly for mothercraft and ante-natal exercises.

Problem families have taken up much time and attention. This has required co-ordination and integration with many agencies, with several departments of the Council, other workers in the National Health Service and many outside agencies.

A lot of attention has been given during the ten years to a relatively high infant mortality rate in the County's largest urban aggregation—Cheltenham. We have had the full help and co-operation of Specialists, General Practitioners, the Hospital Service, Moral Welfare bodies and the Ministry. The problem centres on illegitimacy and prematurity. In the tenth year, 1958, the efforts appear to have been successful and the rate fell to below that for England and Wales but is not yet down to that of the County's average. I can point to no one specific remedy but close co-operation and the constant remembering of the problem by all concerned in the care of the expectant and nursing mother and child.

Section 23 : Domiciliary Midwives. This service is run jointly with that of Home Nursing and is delegated to District Nursing Associations and the County Nursing Association. We have usually been able to provide a full number of midwives. The Council had adopted a successful policy of providing housing and cars. In the rural areas some of the district nurse/midwives have barely had enough midwifery cases to keep them in full practice but they all had regular and frequent refresher courses even before it became statutorily necessary. For several years Gloucestershire midwives have been required to encourage all their expectant mothers also to book a doctor. The percentage of domiciliary births fell until the last two years and is now 38% of all births. The midwife has lost none of her status and the doctor was only present at one in seven births in 1958 as against one in four in 1948.

Section 24 : Health Visiting. A Health Visitors' Training School has been running successfully for nine years and by recruitment from it we have maintained a full establishment even though this has been increased to the accepted ratio of visitor to number of births, etc. During the ten years we have frequently had difficulty in maintaining the number of combined nurses (health visitor/district nurse/midwife) necessary but the outlook is now brighter. The policy of providing combined nurses in very rural areas has been successful but the increased responsibilities on the health visiting side require a high sense of vocation.

The health visitor with her increased multi-purpose responsibilities, in many ways taking on the mantle of the former Relieving Officer, has been relieved of directed regular visiting. She is gradually linking up with the other domiciliary services of the National Health Service and with the Hospital Services, including Mental Hospitals. In this regard two interesting developments are worthy of note. Cinderford area developed spontaneously a Coffee Club held weekly for one hour and general practitioners, health visitors, district nurse/midwives, social workers, occupational therapists, clergy, etc., are regular attenders. At Soundwell the health visitors had a tea party to which were invited professional and other workers in all branches of the National Health Service, National Assistance Act, etc. ; nearly one hundred people were present. These are spectacular examples of co-operation, but every day it goes on as part of the work.

Section 25 : Home Nursing. In only the very urban areas is the Home Nurse not also the midwife. In urban areas State Enrolled Assistant Nurses and male nurses have also been appointed as home nursing is dealing with more elderly sick which entails regular heavy nursing. More injections are given at the request of the General Practitioners. In 1948 it was anticipated that there would be more cases to be nursed at home, particularly surgical, but despite the pressure on hospital beds this has not developed.

Section 26 : Vaccination and Immunisation. This has been expanded to include prophylaxis against whooping cough, tuberculosis, poliomyelitis, as well as smallpox and diphtheria. In 1958 more poliomyelitis vaccine was available and more age groups could be registered. Much of the routine work of the health visitors and in the School Health Service had to be postponed to undertake the urgent task of getting as many young people protected as possible.

Section 27 : Ambulance Service. Gloucestershire began in July 1948 with a new but fully established service. Basically the plan for the service has not been changed. To deal with the unexpected demand a great deal of help has been received from doctors and hospital officers who initiate 95 per cent. of the calls. By 1949 we were operating on trial a limited radio service which is now well developed and has prevented an increase in the number of vehicles and drivers. Some new stations have been provided and with an annual replacement programme of vehicles it has been possible to have increased and improved seating provision, as the great majority of the persons conveyed are sitting cases. The Hospital Car Service is now used very much less but still provides an essential and helpful service for the isolated patient living at a long distance from hospital.

Section 28 : Prevention of Illness, Care and After Care. A wide variety of both large and small items of service can be provided under the powers of this section. In respect of tuberculosis the Local Health Authority's duties are compulsory. This disease is becoming almost dramatically less frequent but we have developed with the Chest Physicians and by the voluntary help of Care Committees a wide range of measures. Vaccination by B.C.G. has been introduced for the thirteen year old as well as infants and nurses. Occupational therapy, one of the few remaining recommendations of the Chest Physicians, was introduced two years ago. The examination of contacts sought out by health visitors has been fairly complete but little progress has been made in finding or controlling the elderly male chronically infected patient.

The splitting of the County into two clinical areas by the Regional Hospital Board has not helped us in the control of tuberculosis but an agreement with Bristol City Council to use part of their After-Care Service has helped.

Other aspects of the Care and After Care Services which are linked with the Care of the Handicapped under Section 29 of the National Assistance Act, 1948, have been widely developed.

Section 29 : Home Help Service. Gloucestershire has developed as comprehensive and extensive a home help service as any County in the country. There is now the equivalent of one whole time home help for approximately every 1,300 of the population. Through the service provided many children do not have to be admitted to care by the Children's Committee, old people to Old People's Homes, chronic sick to hospital or mothers to hospital for confinement. There is close co-operation with general practitioners, district nurses, Ward sisters, hospital almoners and the National Assistance Board. It is used as a service of prevention as well as a social prop.

A Night Sitter Service is established but the calls upon it are not heavy and only in the urban areas.

Section 51 : Mental Health Services. These have developed rapidly. Four occupation centres for mental defectives have been provided but up to the end of 1958 no new building had been completed. The policy has been to keep the defective at the occupation centre after the age of sixteen unless he was placed in work, and out-work has been taken in three of the centres to the advantage of all concerned. District Mental Health Officers have combined the domiciliary supervision of mental defectives with work as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. In the last three years there have been revolutionary changes in their duties for the mentally ill associated with a new Psychiatrist-Medical Superintendent of the Gloucester Mental Hospitals. Much has been written of new or combined Mental Health Services in a few parts of the country. These may be organised or agreed schemes but in North Gloucestershire the scheme is not clearly defined. Nevertheless our responsibilities are now closely tied up with those of the hospital. In fact at times it might be difficult to define whether the duties of the Mental Health Officer were those on behalf of the Local Health Authority or the Hospital Services. The guiding principle can only be what is best for the patient.

Our relationships with the Mental Deficiency Hospitals have been excellent but it has been a disappointment that one of them in this County has accepted few patients informally.

The Divisional Scheme of Health Administration has developed over the ten years. In reviewing this service with the County Council's duties under Section 111 of the Local Government Act, 1933, the number of areas has been reduced from eight to six as has the number of District and Divisional Medical Officers of Health. This will mean that each Area Health Committee should have an interesting and useful task in the overseeing of local health affairs which have a close link with environmental health matters whilst giving the County Council the advantage of the local knowledge and interest of Local Authority members. The scheme has been so developed as to give the Divisional Medical Officers of Health a wide range of general responsibility whilst preventing them from becoming bogged down in local office administration.

The Minister has also requested that this report should include information of any special ways in which it may have been found possible to strengthen the domiciliary health services provided for the elderly, sick and infirm following the Council's consideration of the Minister's circular 14/57, dated 7th October, 1957, on Local Authority Services for the Chronic Sick and Infirm. In this county it was considered that the domiciliary health services were sufficient to provide an adequate standard of service and in particular through the District Nursing Service and the Home Help Service.

Your responsibilities under the National Health Service Act, National Assistance Act and the Public Health Act are given full consideration and for the help given by the Committee other Chief Officers of the Council, my staff and that great band of voluntary workers in the health field I am deeply grateful.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,
County Medical Officer of Health.

STAFF

as at 31st December, 1958

County Medical Officer of Health and Principal School Medical Officer	....	....	....	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer				W. Davidson-Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer	....	....	....	Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.C.H., L.M., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer			....	D. E. Clare, M.B., B.S., D.P.H.
Assistant County Medical Officers of Health and School Medical Officers			....	Katharine E. M. Allen, M.A., M.R.C.S., L.R.C.P. Margaret D. Cameron, M.B., Ch.B., D.P.H. Sheila M. E. Grew, M.R.C.S., L.R.C.P. Catherine E. Hignell, M.R.C.S., L.R.C.P. Jean N. Moore, M.B., B.S. W. W. Ramsay, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H. Mary P. S. Seacome, M.A., B.M., B.Ch. 1 vacancy
Divisional Medical Officers of Health (also District Medical Officers of Health)			....	R. F. Barclay, M.B., B.S., D.P.H. W. J. D. Cooper, M.B., B.Ch., B.A.O., D.P.H. A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. A. Knox, M.B., B.Ch., B.A.O., D.P.H. T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G.
Chest Physicians (part-time)	....	....	....	F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M.D., M.R.C.P.
Principal Dental Officer			....	J. F. A. Smyth, L.D.S.
Dental Officers	....	....	....	D. N. de Gruyther, L.D.S. W. M. Ellis, L.D.S. A. J. Lane, L.D.S. Miss M. S. MacKinnon, L.D.S. J. A. MacPhail A. W. McCarthy, L.D.S. J. P. B. Pengelly, L.D.S. Mrs. D. W. Squires, L.D.S. D. A. Thomas, L.D.S. G. N. Willetts, L.D.S. 6 part-time officers 7 vacancies
Dental Hygienist	...	....	....	Mrs W. E. Judd
Superintendent Health Visitor	....	....	....	Miss E. K. N. Cumming

Deputy Superintendent Health Visitor	....	Miss F. E. Fortnam
Health Visitors	....	68 in number
Health Visitor Tutor	....	Miss R. Atkinson
County Nursing Association :		
Secretary	....	A. F. Poyser
Superintendent	....	Miss M. A. Bach
Assistant Superintendents	....	Miss C. M. Allison Miss A. E. Simpson 163 District Nurse/Midwives 11 part-time
Orthopaedic After-Care Sisters	....	Miss E. M. Hunter Miss V. Leake Miss N. Long Mrs E. A. Stokes
Mental Health Home Teacher	....	Mrs E. M. Barnes
Mental Health and Duly Authorised Officers	....	G. L. Cox V. N. Denne A. E. Poyser G. H. Watts
Duly Authorised Officers	....	J. D. Harris F. H. Livesey F. L. Wintle
Assistant Duly Authorised Officers	....	D. S. Bayliss D. W. Parker
Supervisors of Occupation Centres	....	4 in number
Assistant Supervisors of Occupation Centres	....	16 in number
Dental Attendants	....	12 whole-time and 12 part-time
County Public Health Officer	...	S. B. J. Davies, A.R.S.H., F.P.H.I.A.
Assistant County Public Health Officer	...	P. McCandlish, C.P.H.I.E.J.B.

Rate per 1,000 population	....	....	....	....	....	....	....	17.11
Still-births	....	....	....	....	....	....	....	165
Rate per 1,000 live and still-births	....	....	....	....	....	....	....	20.26
Total live and still-births	....	....	....	....	....	....	....	8,144
Infant deaths	....	....	....	....	....	....	....	158
Infant mortality rate per 1,000 live births	....	....	....	....	....	....	....	19.80
—legitimate	....	....	....	....	....	....	....	19.85
—illegitimate	....	....	....	....	....	....	....	18.66
Neo Natal mortality rate per 1,000 live births	....	....	....	....	....	....	....	14.04
Illegitimate live births per cent. of total live births	....	....	....	....	....	....	....	4.71
Maternal deaths (including abortion)	....	....	....	....	....	....	....	2
Maternal mortality rate per 1,000 live and still births	....	....	....	....	....	....	....	0.24
Deaths from :—								
Cancer (all ages)	....	....	....	....	....	....	....	820
Measles (all ages)	....	....	....	....	....	....	....	1
Whooping Cough (all ages)	....	....	....	....	....	....	....	1
Gastritis, enteritis and diarrhoea (all ages)	....	....	....	....	....	....	....	22

1. Live Birth Rate

The Birth Rate for the year 1958 was 17.11 per 1,000 of the population, as compared with 16.40 in 1957.

The following table shows the comparative figures for the past five years :—

	1954	1955	1956	1957	1958
Urban	15.74	15.61	16.03	16.72	16.99
Rural	15.83	15.33	16.23	16.24	17.18
Administrative County	15.80	15.42	16.17	16.40	17.11
England and Wales	15.2	15.0	15.6	16.4	16.4

2. Death Rate

The Death Rate for the year was 10.93 per 1,000 of population as compared with a rate of 10.41 last year.

The total number of deaths in the County during 1958 was 5,097 and chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	682	4.35	1,136	3.67	1,818	3.90	35.91	35.52	35.67
Cancer	316	2.02	504	1.63	820	1.76	16.64	15.76	16.09
Vascular lesions of nervous system	292	1.86	458	1.48	750	1.60	15.38	14.32	14.71
Other Circulatory Diseases	73	0.47	153	0.49	226	0.48	3.84	4.78	4.43
Bronchitis	82	0.52	128	0.41	210	0.45	4.32	4.00	4.12
Pneumonia	61	0.39	145	0.47	206	0.44	3.21	4.53	4.04
Accidents	63	0.40	127	0.41	190	0.41	3.31	3.99	3.72

3. Infantile Mortality

The Infant Mortality Rate for the County was 19.80. The rate for England and Wales for the same period was 22.5.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1952	79	34	115	24	194	28	27
1953	49	21	111	23	160	23	26
1954	65	27	109	23	174	24	25
1955	58	24	109	23	167	24	24
1956	52	21	94	19	146	19	23
1957	57	22	112	22	169	22	23
1958	59	22	99	18	158	19	22

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities

(a) The arrangements for laboratory facilities for the undertaking of Public Health bacteriological and pathological work remain the same as for last year.

(b) REPORT OF E. G. WHITTLE, B.Sc., F.R.I.C., PUBLIC ANALYST

This is the seventh annual report on work for the County consequent on the agreement of 1951. In accordance with the terms of that agreement the majority of the examinations relates to Milk, Food and Drugs with Waters, Fertilisers and Feeding Stuffs, Atmospheric Pollution problems and Miscellaneous in that order of sample numbers, although not necessarily of priorities. The Department continues to provide a consulting as well as an analytical service.

SUMMARY OF EXAMINATIONS OVER THE FOUR QUARTERS

	March	June	September	December	Total
Milk	202	181	150	181	714
Food and Drugs	135	137	105	148	525
Waters and Swimming Baths	17	36	28	32	113
Fertilisers and Feeding Stuffs	18	18	18	19	73
Miscellaneous	14	2	6	10	32
	386	374	307	390	1457
Pharmacy and Poisons	—	—	2	8	10
Atmospheric Pollution—					
Lead peroxide	18	21	21	21	81
Deposit gauges	17	21	21	21	80
	35	42	44	50	171
Totals	421	416	351	440	1628

Food and Drugs Act

ADULTERATED SAMPLES

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity
B.2267	Milk	Informal	6.7% deficient in fat
B.2355	Milk	Informal	6.7% deficient in fat
A.2149	Milk	Informal	11.7% deficient in fat
A.2150	Milk	Informal	5% deficient in fat
A.2154	Milk	Informal	11.7% deficient in fat
A.2155	Milk	Informal	13.3% deficient in fat
A.2156	Milk	Informal	11.7% deficient in fat
(Bulk fat A.2149 to A.2158 was 3.15%)			
A.2160	Milk	Informal	3.5% added water
A.2161	Milk	Informal	2.4% added water
A.2164	Milk	Informal	3.5% added water
A.2182	Milk	Informal	6.6% deficient in fat, and abnormal N.F.S. at 8.3%
A.2183	Milk	Informal	5% deficient in fat
(Bulk fat A.2178 to A.2185 was 3.5%)			
B.2378	Milk	Informal	33.3% deficient in fat, and abnormal N.F.S. at 8.3%
B.2387	Milk	Informal	5% deficient in fat
B.2473	Milk	Informal	6.7% deficient in fat

C.2400	Milk (Channel Island)	Informal	5.9% added water
C.2410	Milk (Channel Island)	Formal	30% added water
C.2443	Milk	Informal	6.7% deficient in fat
B.2394	Pork Sausage	Formal	51% of meat (Suggested minimum meat 65%)
C.2348	Beef Suet	Informal	79% of fat (83% minimum requirement)
A.2287	Milk	Informal	30% deficient in fat.
A.2289	Milk	Informal	6.7% deficient in fat
A.2332	Milk	Formal	25.0% deficient in fat
A.2333	Milk	Formal	15% deficient in fat
A.2335	Milk	Formal	10% deficient in fat
(Bulk fat A.2332 to A.2335 was 2.7%)			
B.2496	Milk	Informal	5% deficient in fat
B.2519	Milk	Formal	13.3% deficient in fat
A.2428	Milk	Informal	10.6% added water.
A.2429	Milk	Informal	15.3% added water
C.2618	Milk	Informal	5.9% added water
C.2630	Milk	Informal	12.4% added water
A.2386	Beef Sausages	Informal	Sulphur dioxide 160 p.p.m.
A.2387	Beef Sausages	Informal	Sulphur dioxide 220 p.p.m.
A.2422	Beef Sausages	Formal	Sulphur dioxide 290 p.p.m.
A.2439	Pork Sausages	Formal	Sulphur dioxide 220 p.p.m.
(In the above four cases SO ₂ was not declared)			
C.2562	Plain Flour	Informal	Low in iron and calcium in contravention of the Flour (Composition) Regulations, 1956

SUMMARY OF MILK ANALYSES

	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	Total
Fat deficient	2	11	7	—	20
Added water	—	5	—	4	9
Abnormal solids-not-fat	15	14	5	13	47
Poor quality fat. Just less than 3.0%	1	3	4	1	9
Suspicious. Low N.F.S. and freezing point depression less than 0.530°C.	2	2	—	1	5
Channel Island satisfactory	34	28	31	26	119
Channel Island unsatisfactory	—	2	—	—	2
Channel Island, poor quality, i.e. fat just below 4% ...	2	1	—	—	3
Total milks	202	181	150	181	714
Formal	58	60	60	78	256
M.M.B. Contract	—	8	7	6	21
M.M.B. Contract, poor quality	—	1	1	—	2
M.M.B. abnormal S.N.F.	—	—	2	2	4

Thus of 714 milks examined, 47 were abnormal in respect of solids-not-fat, that is, they gave figures below 8.5 per cent, but the freezing point data did not indicate added water. The situation in respect of Channel Island Milks seems satisfactory. Of the 719 examined, 3 were just below 4.0 per cent and 2 showed added water, one 5.9 per cent and the other 30 per cent !

OTHER FOODS AND DRUGS REQUIRING COMMENT

- A.2086 Milk with a foreign body—The foreign body was confirmed as an insect larva probably of a fly but the actual species could not be ascertained.
- B.2388 Gravy salt—The container, a tin, was in very poor condition but there was no significant metallic contamination in the salt.
- B.2429 Glycerin—This sample was returned as of poor quality having “ picked up ” moisture possibly because of the unsatisfactory bottle closure.
- C.2393 Milk with foreign body—The “ body ” was a leaf from the oak tree.
- C.2420 Sliced bread with foreign body—The “ body ” was a piece of dirty dough with vegetable debris and a few unidentifiable insect fragments.
- B.2530 Pure ground almonds had an unpleasant acid tang which would render it unfit for human consumption.
- B.2289 Pork Sausages—only 52% meat
- B.2394 Pork Sausages—only 51% meat
- C.2530 Beef Sausages—only 43% meat
- C.2531 Pork Sausages—only 47% meat
- B.2631 Pork Sausages—only 62% meat
- B.2643 Beef Sausages—only 48% meat
- C.2588 Beef Sausages—only 45% meat
- C.2535 Plain flour—Slightly high in calcium content.
- B.2576 Cake Mixture—Damp and out of condition.
- B.2650 Marzipan—Poor quality, only 16% of ground almonds.
- } All regarded as of poor quality.

2. National Health Service Act, 1946**(I) HEALTH CENTRE**

The work at the Hester's Way Health Centre, Cheltenham, has proceeded smoothly during the year, and the following is a summary of the attendances made under the various services.

General Practitioner Consultations	Treatment and Casualties	Child Welfare	Ante & Post Natal	Total
14,344	2,950	5,260	1,460	24,014

(II) CARE OF MOTHERS*(a) Expectant and Nursing Mothers*

Where a patient is booked for hospital delivery she is seen there during her pregnancy as often as is considered necessary. In many instances where the patient lives at a distance, the general practitioner or midwife may be asked to undertake intermediate care. In the case of a home booking, the patient is cared for solely by her general practitioner and the midwife. The Local Health Authority provides 11 ante-natal clinics in the County and at three of these clinics 16 general practitioners attend regularly to undertake the care of their own patients. The midwife responsible is also present. Thirty-one (8) midwives sessions are held in ante-natal clinics, and in addition 33 doctors run their own ante-natal clinics in their surgeries, at which 38 midwives attend. Twelve midwives hold clinics in their own district rooms. One midwife attends her local hospital ante-natal clinic, and in other instances, particularly in the more remote areas, the doctors and midwives visit the patient in her own home. The use of Personal Maternity Cards is increasing in all areas and is particularly useful for recording the doctor's and midwife's notes and the results of blood examinations.

Six new mothercraft and relaxation classes were started by midwives and health visitors in 1958, making a total of 23 in the County. Two other classes are available, one at the Gloucester City Maternity Hospital and the other at Southmead Hospital, Bristol, for expectant mothers from the County who are booked for confinement at these institutions. Group teaching in mothercraft is given by the Health Visitor or Midwife. Relaxation is taught by a Physiotherapist at nine clinics and by a specially trained midwife in the remainder.

2,868 expectant mothers attended ante-natal clinics during the year and 1,006 of these were new cases. The total number of attendances was 7,109.

Post-natal examinations are usually carried out at the hospital where the mother is delivered or at the general practitioner's surgery. However, 88 mothers attended post-natal sessions at Local Health Authority clinics.

(b) *Arrangements for confinement*

Birth notifications numbered 8,120 during the year, an increase of 414 over the previous year. This is the highest number of births notified in Gloucestershire since 1947. 3,005 births took place at home. 4,959, that is 61.1% of the total, took place in hospital, showing a reduction of 3% on the previous year. A smaller number of applications for admission to hospital for confinement for social reasons was made during the year. 2,470 applications were made, 152 fewer than in the previous year, and in 299 cases, 12.1% of the total, admission to hospital was not considered necessary. An improvement in housing conditions would appear to be reflected in these figures. All cases of known or suspected medical abnormality are admitted to hospital under the care of a Consultant Obstetrician and every effort is made to persuade mothers who have four or more children, or who are over 30 years of age at the time of their first confinement, to have a hospital delivery.

(c) *Care of the Mother and Illegitimate Child*

The care of the mother and illegitimate child continues to be undertaken on behalf of the County Council by the Diocesan Moral Welfare Associations. The number of new County cases dealt with is as follows :—

Gloucester Diocese	...	...	...	...	...	...	149
Cheltenham Deanery	...	...	...	...	...	...	92
Parts of the County within the Bristol Diocese	...	...	...	...	...	...	37
							<hr/>
							278
							<hr/>

There were 383 illegitimate births amongst the total births in the County, a percentage of 4.7 comparable with previous years. The percentage in Cheltenham showed an increase to 9.8 as against 7.7 in the previous year. The following is an analysis of the number of new cases which were referred to the Gloucester Diocesan Moral Welfare Association and where an illegitimate child was involved. These figures include those for the Cheltenham area.

Single women	...	...	...	...	...	200
Married women	...	...	...	...	...	41
						<hr/>
					Total	241
						<hr/>

Ages of mothers :—

14-16 years	...	...	...	...	...	26
17-20 years	...	...	...	...	...	94
21-24 years	...	...	...	...	...	47
24 years +	...	...	...	...	...	74

Position of baby at end of year :—

With mother in own home	...	...	...	71
With mother cohabiting or married to putative father	...	...	...	32
With mother in hospital, mother and baby home, lodgings or domestic work			...	23
Placed for adoption	...	...	...	28
In foster home or voluntary nursery			...	10
In care of Local Authority			...	4
Died or stillborn	...	...	...	5
Moved out of Gloucestershire	...		...	5
Not known	...	...	...	4
Not born	...	...	...	59

St Catherine's Home, Cheltenham

The home has had a very busy year and there have been no staff changes. Seventy-four unmarried mothers and babies were admitted, 50 of these being County cases, and there were 14 shelter cases. The average length of stay before confinement was $42\frac{1}{2}$ days and $31\frac{1}{4}$ days post natally.

(III) CARE OF CHILDREN

(a) *Home Visiting*

Summary of home visits during the year :—

	Number of Children under 5 Visited	Children under 1 year First Visits	Total Visits	Children 1 - 2	Children 2 - 5	Total Visits
L.H.A.	31,154	6,845	48,636	20,557	44,931	114,124
Vol. Org.	5,944	1,060	11,104	4,415	7,823	23,342
						<hr/> 137,466 <hr/>

A reduction in the total number of visits paid by the Health Visitors is noted this year and is due argely to the increased work in connection with the poliomyelitis vaccination campaign. The children have, however, been seen as there was an increase of 5,949 child attendances at Welfare Centres during the year.

(b) *Child Welfare Centres*

The two mobile units continued in operation throughout the year. Thirteen new centres are now being served and the mothers there are very appreciative of the facility that is offered to them. In most areas children are now able to be seen regularly and many who before were not receiving immunisations are now doing so. The following centres were opened during 1958 :—

Woodchester, Weston-sub-Edge, Temple Guiting, Almondsbury, Naunton, Quenington, Gotherington, Tytherington, Hawkesbury Upton, Horton, Great Rissington, Witcombe, Joys Green.

At Witcombe the fixed centre became unavailable during the year and so the centre is now served by the mobile unit until suitable new premises can be found. The centre at Little Stoke is now established in a new Village Hall with a voluntary committee in attendance, so is no longer served by the mobile clinic. The mobile clinics attend 54 centres, providing 60 sessions per month. There were 102 fixed voluntary centres and two centres with no voluntary committee but voluntary helpers.

	1958	1957
No. of sessions per month	343	332
No. of children who first attended under 1 year of age ...	5,913	5,607
Total number of children who attended	18,072	17,351
Total number of attendances :—		
Under 1 year	61,072	57,537
Over 1 year and under 2 years	21,285	19,839
Over 2 years and under 5 years	28,749	30,233

Nearly three-quarters of all children born attending a child welfare centre at least once ; this is a very high proportion for a mainly rural county.

Mothers' Clubs

There are 11 Mothers' Clubs in the County, a new one having been started at Moreton-in-Marsh. The Clubs are open to all mothers of children, especially with those under the age of 5 years or up to school leaving age, depending on local needs and conditions. Financial aid is given by the County Council for the hire of premises for the first three months after inception and thereafter the Clubs are entirely self-supporting. The local Health Visitor or District Nurse/Midwife is a member of the Club Committee and 50% of the Clubs' activities are devoted to Health Education.

(c) Distribution of Welfare Foods

The help given by the volunteers whether in the Child Welfare Centre or their own houses or business premises is very much appreciated. Greater care is now being paid to the expiry date of the life of the Dried Milk and to the handling of the bottled products and the co-operation of the voluntary personnel in this respect has been very good.

In the figures below will be noticed the continued fall in the take-up of National Dried Milk which has gone on since the increase in price in April, 1957.

Welfare foods were available at 231 places in the County, i.e. 145 Child Welfare Centres (fixed and mobile), 40 shops, 26 houses and 20 full or part-time offices with paid assistance.

The quantities of welfare foods distributed :—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamins A & D Tablets (Packets)
119,827	30,021	251,688	21,066
(138,325)	(42,867)	(376,755)	(20,815)

The 1957 figures are shown within brackets.

(d) Day Nurseries

Four Day Nurseries were maintained during the year. The two Nurseries in Cheltenham were consistently full and sometimes children had to wait before they could be accepted. The number of children

attending the Kingswood Nursery remained high but the numbers on the register at Stroud were low all the year in spite of the fact that non-priority cases were admitted on payment of a fee.

Total number of nursery places	...	...	...	under 2	44
				2 - 5	81
Number on Register at December 31st, 1958	...			under 2	32
				2 - 5	89
Average daily attendance during year	...	...		under 2	28
				2 - 5	75

Training of Nursery Students

Out of 39 applicants 21 students were accepted for training for the two year Nursery Nursing Course. Of the 16 students who finished their training during the year, all were successful in their examination.

(IV) RECUPERATIVE HOLIDAY HOMES

Sixteen mothers went away for holiday home care and were accompanied by 46 children.

(V) PROBLEM FAMILIES

The Officers' Co-ordinating Committee considered 19 new cases during the year and 25 families who were already under supervision. Many other families are known to the Health Department, but their conditions are not considered to be so serious ; they are very adequately supported and educated by the local Health Visitor and through her efforts many borderline families are helped back to normality or at least are prevented from becoming any worse.

The worker employed by the Children's Department continues to assist families who are in need of help. Unfortunately her case load is very heavy and so it is difficult for her to give the intensive help that is so often required.

Meetings to discuss problem families were held during the year by representatives of the Children's, Health, and Welfare Committees with five housing authorities in the South of the County, and also with Cheltenham Borough, Charlton Kings and Cheltenham Rural District Councils. The possibility of employing a Welfare Officer in the South of the County was considered.

Five mothers were sent to training homes during the year and were accompanied by 11 children.

(VI) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no nurseries registered but there are 11 registered child minders who can offer places to 62 children. No applications for daily minder's fees have been received.

(VII) INFANT DEATHS

The following table shows the infant mortality rate for the past five years :—

					England & Wales	County
1954	...	...	...	...	25.5	24.6
1955	...	...	...	...	24.9	24.1
1956	...	...	...	...	23.8	19.8
1957	...	...	...	...	23.0	22.3
1958	...	...	...	...	22.5	19.8

The fall in the infantile mortality rate is particularly gratifying and is very well below the figure for England and Wales.

There were 158 deaths of children under the age of one year, of which 112 occurred during the first 28 days and 46 between four weeks and one year. Causes of death of the 46 children between four weeks and one year :—

				Place of Death	
				Home	Hospital
Broncho-pneumonia	...	...	...	7	4
Broncho-pneumonia with other conditions	...	...	...	1	3
Bronchitis	...	...	...	5	—
Asphyxia	...	...	...	1	—
Congenital Heart Disease	...	...	...	—	10
Congenital Deformities	...	...	...	2	4
Gastro-enteritis	...	...	...	1	2
Other conditions	...	...	...	1	5

Only one asphyxial death was reported as against nine the previous year. As this is considered to be a preventable condition the results are very promising. An increase in the incidence of congenital heart disease is seen. This may be apparent and not real and due to improved methods of diagnosis.

The infantile mortality rate in Cheltenham shows a considerable fall from 27.27 to 20.81. Of the total of 158 infant deaths in the County 24 were of children of Cheltenham residents, seven deaths occurred between four weeks and one year of age and 17 deaths took place between birth and four weeks, eight of these amongst premature babies.

Neo-Natal Deaths

The number of deaths occurring in the first 28 days fell to 112 during the year, a reduction of 12 cases, showing a neo-natal death rate of 14.04 as compared with 16.38 the previous year. Causes of death :—

Prematurity—where this condition is given as sole cause	...	...	...	...	19
associated with atelectasis	...	...	...	...	13
associated with other conditions	...	...	...	...	12
					— 44
Congenital defects	...	...	...	...	29
Cerebral haemorrhage	...	...	...	...	15
Atelectasis	...	...	...	...	6
Infections	...	...	...	...	6
Asphyxia	...	...	...	...	5
Haemolytic Diseases	...	...	...	...	6
Other	...	...	...	...	1
					— 112 —

Premature Babies

The number of deaths associated with prematurity was 17 less than last year and is 39% of the total neo-natal deaths. There were 486 premature live births, of which 383 took place in hospital, 101 at home and two in nursing homes. Forty-two of the infants born in hospital died within 28 days, 89 infants born at home were entirely nursed there, but eight died before the age of one year, and 12 of the infants born at home were transferred to hospital, where one died. Of the two cases born in nursing homes both remained there and both lived.

All cases of premature labour are admitted to hospital if possible, but sometimes time does not permit and in other instances a baby born at the right time weighs $5\frac{1}{2}$ lbs. or under and is therefore classified as premature and requires extra care. A set of six travelling outfits have been provided during the year for the transportation of such infants to hospital if this should be considered necessary. These outfits are kept in the Ambulance Stations at Cheltenham, Cirencester, Stroud, Berkeley, Cinderford and Soundwell and consist of a small lined polythene cot, mattress, blankets, hot water bottles and oxygen mask.

If it is decided to nurse the baby at home additional equipment can be borrowed and this is available day or night. A second midwife is now trained in Premature Baby Nursing. One of the Assistant Superintendents at the Victoria Home, Cheltenham, received a month's special course in the care of premature babies at the Sorrento Maternity Hospital, Birmingham, and undertakes the care of premature babies in Cheltenham.

Illegitimate Infant Deaths

Six cases were notified, two under one month and four one month to one year, giving an illegitimate infant mortality rate of 15.4, which is very considerably smaller than the legitimate rate and shows the very adequate care of illegitimate babies.

Still Births

There were 156 still births included in the 8,120 notified births, a still birth rate of 20.23, which is a reduction on the previous year. 129 of these births took place in institutions and 27 at home. There were 90 premature still births, 78 in institutions, one in a nursing home and 11 at home.

MINISTRY OF HEALTH INVESTIGATION

Maternity and Child Welfare Services in Cheltenham

The report of the Ministry of Health's survey carried out at the end of 1957 was received in March, 1958, and the following comments were made.

The Council was commended for the co-operation which was fostered with the various hospitals, doctors and voluntary bodies and members of its staff. The Minister, however, made suggestions for closer contact between local health authority services and the hospitals for the benefit of individual patients and with particular reference to maternity patients, their admission and discharge and the correct notifications to the Medical Officer of Health regarding premature babies, their initial weight and prior knowledge of their discharge. Regarding child welfare centres, suggestions were made for encouraging more toddlers' sessions and health education and for allowing the mother much greater privacy for consultation with the health visitor. Baker Street welfare premises appeared to be unsuitable, but the nature of the work carried out there appeared to be good. Suggestions were also made regarding the teaching of mothercraft by midwives. Finally a specialised home nursing service for sick children was considered to be a valuable innovation, if it could be started.

Following this report meetings and discussions were held with hospital, medical and nursing staff, the Consultants and general practitioners. The whole question of ante-natal care, delivery and post-natal care was brought to such prominence that all concerned have since made every effort to take advantage of any possible aid available to them in the various branches of the Health Service. The weights of prematurely born babies in the Cheltenham Maternity Hospital are accurately made and the Department now receives an advance notification of discharges from hospital of maternity patients and infants. A second midwife has been trained to work in connection with domiciliary premature confinements. The Baker Street Welfare Centre has moved to more suitable premises at St Paul's Hall and the health visitors are making efforts to ensure that mothers visiting the clinics are given adequate privacy. A district nurse in Cheltenham has received special training at the Cheltenham Children's Hospital and the Birmingham Children's Home

Nursing Unit in the nursing care of sick children. She now undertakes all the children's home nursing duties in Cheltenham and visits the hospital to see the children before they are discharged. A health visitor attends the Paediatric Out-Patients' Department, working in close co-operation with the Paediatrician and sees that the other health visitors are informed of children who attend the Out-Patients' Department and live in their areas.

As reported earlier, the number of mothercraft and relaxation classes has been increased both in the County and in Cheltenham. Health education is carried out routinely at Child Welfare Centres by means of a regular instruction by the health visitor, visual aids and occasional talks by visitors. Health education is usually found to be more worth while when offered to groups such as Mothers' Clubs and Women's Institutes.

The survey has been very much appreciated ; in particular the way in which the Medical Officers and the Nursing Officers approached the problem and for the great assistance they gave in their discussions.

(VIII) MIDWIFERY AND HOME NURSING

In 1948 the provision of a domiciliary midwifery and home nursing service was delegated to the County Nursing Association. During the ten years changes have been inevitable, some variation of areas and amalgamation of districts have had to be made to meet the changing requirements of different districts and at the beginning of the period a system of regular relief for nurses had to be instituted which necessitated further provision of housing and transport.

There are now 87 as compared with 91 District Nursing Associations affiliated to the County Nursing Association and these voluntary associations continue to be responsible for the appointment of their own Nursing Sister and for supervising her personal requirements in relation to her accommodation. Changes in the nursing boundaries during 1958 include an amendment of boundaries in the Ampney Crucis and surrounding districts in order to secure a better distribution of work amongst the staff there. A re-arrangement of the boundaries in the Hawkesbury Upton area has also been made for a trial period of one year.

At the end of the year 73 houses, 39 of which were furnished, 14 flats, one of which was furnished, and three Nurses homes were available for the staff. The County Council built 38, purchased 15 and rented 37, of the properties. 37 Nurses provide their own accommodation. The building of two new Nurses' flats at Minchinhampton was started during the year.

At the end of the year there were eight vacancies on the County staff, six for District Nurse/Midwife/Health Visitors and two for District Nurse/Midwives (Area Relief). Recruitment figures show an increase, 30 nurses being appointed to the Associations. 16 resignations were received and included two members of staff who had reached retiring age.

The number of domiciliary deliveries attended by midwives has increased from 2,560 in 1948 to 2,991 last year, and it is noticeable that the doctor was present on 642 occasions in 1948 and only 411 in 1958. The number of midwifery cases discharged from hospital before the baby is 14 days old continues to rise year by year, and 1,170 cases were discharged early during the year as against 928 in the previous year. The number of women receiving analgesia during labour and childbirth has also increased. The most popular analgesic agents are gas and air and the drug pethedine, but a new inhalation analgesic, trilene, has been used by a limited number of midwives in the last three years, with satisfactory results.

General medical cases vary year by year, depending partly on chance and partly on climatic conditions when the older and younger members of the community may be expected to suffer an increase in respiratory infections. Surgical cases nursed are tending to reduce.

A most satisfactory trend noticed over the period is a marked reduction in the number of infectious diseases and in particular in cases of Tuberculosis.

The nurses are taking an ever increasing part in the prevention of ill health and in particular both the quantity and quality of ante-natal care is improving and 18 nurses are now trained to give mothercraft talks and ante-natal relaxation exercises. Co-operation between the nurses and general practitioners is generally very good and many midwives are invited to attend the doctor's surgery, so that they can together undertake the ante-natal care of their patients. A small increase is noted in the number of babies who are still completely breast fed on their fourteenth day ; this may be due to mothercraft training.

Two Assistant Superintendents are now trained in the care of premature babies and make advisory visits regarding the domiciliary nursing care of these children.

A Children's Home Nursing Unit has been set up in Cheltenham, and, following extra training, one of the Queen's Nurses now undertakes all the children's nursing in the area and also visits the hospital to see children before they are discharged.

On the other end of the scale an increase is noted in the number of old people receiving nursing care, and this involves the nurses in much heavier work and the encouragement and teaching of the elderly to help themselves and early ambulation.

County Staff :—

Queen's Nurses	85
State Registered Nurses (S.R.N.) and State Certified Midwives	32
State Certified Midwives (S.C.M.) and State Enrolled Assistant Nurses (S.E.A.N.)	16
State Registered Nurses (S.R.N.)	2
State Enrolled Assistant Nurses (S.E.A.N.)	2

This number includes the County Superintendent, two Assistant Superintendents, 16 Area Relief Nurses and three part-time Nurses. Members of staff undertaking combined duties including health visiting :—

S.R.N./S.C.M./Q.N./H.V.	24	
S.R.N./S.C.M./Q.N. ...	1	
S.R.N./S.C.M./H.V. ...	9	Two of these Nurses undertake health visiting duties only
S.E.A.N./S.C.M. ...	8	

Victoria Home, Cheltenham

Queen's Nursing Sisters (including the Superintendent, two Assistant Superintendents and three Male Nurses) ...	13 + 2 part-time
S.R.N./S.C.M.	9
S.R.N.	3 + 2 part-time
S.E.A.N.	3 + 1 part-time

Kingswood Home

Queen's Nursing Sisters (including Superintendent)	4
S.R.N./S.C.M.	— + 2 part-time
S.R.N.	1
S.C.M./S.E.A.N.	2
S.E.A.N.	1

Training Courses

Ten Nurses completed Queen's District Training (nine at Gloucester and one at Bristol).

Two Nurses completed the Health Visitor's Course through the County Training Scheme.

31 pupil midwives received their Domiciliary Part II Training with approved district training from the approved District Teaching Midwives.

Post Graduate Courses

One Assistant Superintendent and eight Midwives attended a course in Parentcraft, Group Teaching and Relaxation.

One Assistant Superintendent from Cheltenham attended a course in the care of Premature Babies in Birmingham.

One Queen's Nursing Sister at Cheltenham attended the Cheltenham Children's Hospital and the Birmingham Children's Home Nursing Unit.

19 Midwives attended Midwifery Refresher Courses.

Six Nurses attended a General Nursing Refresher Course.

Three Nurses attended Health Visitors' Refresher Courses.

The 36th Annual Gloucester City and County Refresher Course was held in May, 1958.

Summary of work of Superintendents and Assistants :—

Routine visits to staff	...	...	...	349
Special visits of enquiry	...	...	...	35
General visits	...	...	...	124
Meetings and interviews	...	...	...	203
Visits to Premature Babies	...	...	...	32
Lectures	...	...	...	3
Relief work undertaken	...	...	...	20½ days

*Record of Nurses' work**New Cases*

Midwifery	...	...	...	2,580
Maternity	...	...	...	411
Early discharges from hospital	...	...	...	1,170
Miscarriages	...	...	...	295
General medical	...	...	...	8,447
„ surgical	...	...	...	2,141
Infectious diseases	...	...	...	37
Maternal complications	...	...	...	16
Tuberculosis	...	...	...	48
Miscellaneous	...	...	...	2,446
Total				17,591

Clinic Sessions

Ante-natal	...	...	...	2,123
Post-natal	...	...	...	118
Child Welfare	...	...	...	545

Public Health

Home visits	...	...	...	28,080
Sessions	...	...	...	1,990
Total visits	...	...	...	446,208
Total sessions	...	...	...	4,776
Night calls	...	...	...	2,358

Report of the work of the Local Supervising Authority

During the year 244 certified midwives notified their intention to practise as midwives and seven as maternity nurses. At the end of the year 221 midwives were practising in the Authority's area and 139 of these were employed by voluntary bodies. Seventy-eight were employed by Hospital Management Committees, one in private domiciliary practice and three in private nursing homes.

1. *Deliveries attended by Midwives*

	Domiciliary	Institutional	Total
Employed by voluntary organisations ...	2,991	—	2,991
Employed by Hospital Management Committees ...	—	3,634	3,634
In private practice ...	2	78	80
	<hr/> 2,993	<hr/> 3,712	<hr/> 6,705

2. *Medical Aid under Section 14(1) of the Midwives Act, 1951*

(1) *Domiciliary*

(a) Where the medical practitioner had undertaken to provide maternity service ...	972
(b) Others ...	15
	<hr/> 987

(2) <i>Cases in Institutions</i> ...	255
	<hr/> 1,242

3. *Inhalational Analgesia*

Number of midwives qualified to administer inhalational analgesia :

(a) In hospitals ...	77
(b) In private homes ...	3
	<hr/> 80
(c) In domiciliary practice :	
(i) employed by District Nursing Associations ...	139
(ii) in private practice ...	1
	<hr/> 140

Number of sets of apparatus used in domiciliary practice :

(a) Gas and Air ...	131
(b) Trilene ...	15

Number of cases in which inhalation analgesia was administered by midwives in domiciliary practice :

	Gas and Air	Trilene	Total
(a) When doctor not present at delivery ...	1,746	398	2,144
(b) When doctor present at delivery ...	235	30	265
	<hr/> 1,981	<hr/> 428	<hr/> 2,409

Pethedine

This drug was used by midwives in 1,202 cases.

Supervision of Midwives

Four members of the staff are approved as medical supervisors of midwives and the County Nursing Superintendent and two Assistant Superintendents as non medical supervisors.

Maternal Deaths

There were only two deaths during the year associated with pregnancy or confinement.

(IX) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

*Report of the Principal Dental Officer**Staff*

By December 31st the dental staff had decreased to 12 whole-time and six part-time dental officers, a total whole-time equivalent of 13.6, compared with 15.3 on 31.12.57. The average staffing level during the year was, however, slightly better than in 1957, the total number of sessions being increased by 52. Of the total 6,538 sessions, the equivalent of 484 (8%) was devoted to maternal and child welfare work, including the equivalent of 13 sessions for administration of general anaesthetics by dental officers.

The problem of recruitment of dental staff will remain acute so long as the overall shortage of dentists and high earnings in general practice continue. The Report of the Chief Medical Officer to the Ministry of Health for 1957 has drawn attention to the high average age of local authority dental officers, and the likelihood of further depletion of staff due to retirement. The ratio of dental staff to population in the County approximates to the national average, as does the age distribution of dental officers. A little encouragement may be drawn from remembering that the present staff represents a threefold increase since 1950, but in few areas of the County can a reasonably adequate service be provided.

Inspection and treatment of Expectant and Nursing Mothers

There was a small increase in the number of mothers treated by County dental officers (204 expectant and 274 nursing), but this was slightly outweighed by the smaller number treated by general practitioners on behalf of the County. In all, treatment was given to 34 fewer than in 1957. Treatment at clinics can now be provided in all areas of the County except Dursley and in north eastern parts of the County remote from Moreton-in-Marsh. The completion of Dursley clinic will serve the former area, but it appears probable that, owing to lack of public transport facilities, the practice of referring mothers to their own dentists will have to be continued in parts of the north-east. 113 mothers were referred to general practitioners during the year, treatment being completed for 80.

It was again encouraging to note the considerable proportion of younger mothers attending for conservative treatment. The fillings per 100 mothers treated were 160, compared with 143 in 1956 and 187 in 1957. Extractions (383 per 100) showed a slight decrease from 399 in 1956 and 455 in 1957. Dentures provided remained similar in number to previous years at 66 per 100. Particulars of work carried out are given in Table "B."

Inspection and treatment of children under five

As in the two preceding years, there was a small further decline in the number of children treated, but the proportion made dentally fit increased. Due to the impossibility of making time available for regular inspection and complete treatment, except for children brought by their parents to clinics at three or four monthly intervals, the proportion of extractions to fillings remains high. Figures per 100 children treated are as follows, with the 1956 and 1957 figures in brackets : extractions 184 (167 and 169), fillings 70 (72 and 63) and silver nitrate treatments 30 (33 and 34). This demonstrates the increasingly high proportion of extractions required as a result of continuing deterioration of the condition of the teeth and lack of adequate treatment services.

General anaesthetics

As far as possible medical anaesthetists were employed, in accordance with the Ministry's recommendation. In Cheltenham Borough anaesthetics were given by medical officers at the equivalent of 16 sessions. Elsewhere specialist or general practitioner anaesthetists were engaged as required on a sessional basis, the equivalent of 25 sessions being spent on maternal and child welfare work. Dental officers gave anaesthetics for the equivalent of 13 sessions. Nitrous oxide and oxygen, with the addition in some areas of Vinesthine "drip," was used for mothers. For young children, Vinesthine administered with an Oxford inhaler or by the drip method was usually the anaesthetic of choice. Extra dental attendants were engaged on a sessional basis to assist in recovery rooms when medical anaesthetists were employed.

Dental Laboratory

This continued to provide a high standard of work. In addition to dentures for mothers, all mechanical work for the school dental service and the hospital staff of the North Gloucestershire clinical area is carried out there. At the end of the year arrangements were made to undertake work for Gloucester City. Totals of work carried out are given in Table "C."

A. Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	537	523	478	355
Children under five ...	799	719	664	581

B. Forms of Dental Treatment provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		X-rays
							Full	Partial	
Expectant and Nursing Mothers	327	764	—	—	1830	234	149	168	35
Children under five	12	468	198	—	1219	499	—	—	—

C. Work of the Dental Laboratory

	Ortho- dentic Appliances	Dentures	Repairs	Crowns	Study Models	Other Mechanical Operations	Total No. of Operations
M. & C.W.	—	315	12	—	—	46	373
Total work (inc. M. & C.W. School and R.H.B.)	328	657	75	8	656	136	1860

Dental Health Education

The high level of caries incidence, particularly among young children, and the shortage of dentists to provide treatment, makes prevention a matter of great importance and urgency. The evidence available indicates that the greatest single cause of decay is the constant eating of sweet and sticky substances throughout the day. The danger to the teeth of this prevalent habit can be reduced by rinsing the mouth with plain water after eating, but this is usually impracticable except after meals. The campaign for dental health in the County, therefore, continues to be waged on the narrow front of "no sweets between meals" coupled with mouth rinsing and use of the tooth brush where practicable.

Dietary habits such as continual sweet eating are more easily acquired than stopped. The maximum effort has, therefore, been concentrated on expectant mothers and those with young children. The hygienist has spent a large proportion of her time in giving talks to mothers' clubs, child welfare centres, and the like. Statistical evidence of results would be hard to obtain, requiring detailed caries surveys with suitable controls. The interest and co-operation that have been aroused are, however, most encouraging. For example, at a number of welfare centres the voluntary committees have discontinued the practice of providing biscuits and buns for mothers and toddlers, as an object lesson. Some are providing apples instead. There is at present a regrettable lack of suitable posters to reinforce the lesson, but the slides and other visual aids developed by members of the dental staff have proved invaluable. The use of a Kodaslide enables slides to be shown to small groups of mothers. Health Visitors play an important and essential part of any health campaign, and many have shown great interest in the dental side. But still more effort is required, and therefore approval was obtained for the appointment in 1959 of a second hygienist or other person to assist in dental health education.

The controversy over fluoridation continues unabated wherever the suggestion of adding fluoride to a water supply is raised. Because of the highly specious arguments against this measure which are used by the anti-fluoridation "pressure groups," it is important that the known facts—accepted by the leading scientific bodies in the World (including the World Health Organisation) and by the British Medical Association and the British Dental Association in this country—should be stated again. The presence of 1 p.p.m. of fluoride in drinking water reduces the incidence of dental decay by 60%, without any demonstrable hazard to health in any form. Many water supplies contain such a concentration of fluoride from natural sources. Where it is deficient it can be added safely, easily and cheaply at the water works. Such a process is described by opponents as "mass medication." A more logical description would surely be that where necessary the deficiency of an important trace element is supplied. If the public knew the facts, and refused to be misled by propaganda with no scientific basis, there is no doubt that fluoridation would be demanded. The dental health education campaign, therefore, includes a reiteration of the facts of fluoridation. Meantime children continue to suffer unnecessarily from the effects of decayed teeth, which cannot be dealt with adequately by existing dental services. The cost to the country of the delay in instituting fluoridation, together with the habit of continually eating sweet and sticky things, is immeasurable in money, man-power and personal suffering.

(X) HEALTH VISITING

Details of the work done by health visitors among families in the County are given in other parts of this report. We had a full establishment of health visitors and only by placing two of those newly qualified from the Training Course to cover combined duties were we able to cover all the areas. There has been in the last ten years an average staff turnover of ten per cent. Investigation of the reasons given for leaving the County shows that domestic responsibility or a desire for health visiting experience in other areas accounts for seventy-five per cent. and less than ten per cent. leave because either health visiting or conditions in this County do not satisfy them.

The biennial weekend course at Cowley Manor in June was well attended by health visitors and other interested workers, including some from neighbouring authorities, as was the Nurses, Midwives and Health Visitors' Course in April.

Twelve health visitors attended outside post graduate courses and another group attended lectures at the Mental Hospital through the courtesy of the Physician Superintendent. It is always a source of satisfaction that members of the staff are always so willing to take all opportunities offered to increase their knowledge of their work.

One health visitor returned from a year in New Zealand. The health visitor from New Zealand who took her place here filled the post successfully. The exchange was mutually advantageous.

During the year office accommodation was provided wherever possible and this has resulted in the work with general practitioners and the public being much easier.

Duties have changed little during this year but the time spent on arranging for and assisting at poliomyelitis vaccination sessions has decreased the time available for other duties ; this is reflected in the decrease in total of home visits paid as shown below :—

Health Visitors	(whole-time)	125,152	(128,101)
	(part-time)	28,171	(30,946)

The visits for last year are in brackets.

Health Visitors' Training Course

Ten students completed the Health Visitors' Training Course in June. Nine students successfully passed the examination of the Royal Society of Health in June and one student was successful in the examination in December. Seven were appointed as full-time Health Visitors and three were appointed to carry out combined duties of District Nursing/Midwifery/Health Visiting in the County.

The tenth course is now being held ; as there has been an improvement in recruitment of Health Visitor Students throughout the country, 15 students were accepted for training, which commenced on 2nd September. 13 students were selected to take the course under the County's training scheme and two overseas students were accepted. These two students came from Turkey and have been sponsored by the World Health Organisation. Two students had to withdraw from the course on health grounds and were released from their contract of service.

The course is a comprehensive one and teaching on mental health has been extended.

(XI) VACCINATION AND DIPHTHERIA IMMUNISATION

(a) *Vaccination against Smallpox*

Vaccination	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
Primary ...	2973	181	145	111	206	3616
Re-vaccination	3	2	3	62	356	426

There was a decrease of 335 in primary vaccinations and a decrease of 317 in re-vaccination compared with 1957.

(b) *Whooping Cough Vaccination*

The scheme for vaccination against whooping cough which commenced in June, 1955, developed and 4,771 children were protected compared with 4,855 in 1957.

A suspended whooping cough vaccine is supplied and in view of the danger of the disease in early life vaccination is recommended before the age of six months. Immunisation against diphtheria can then be done soon after this age.

The following table gives details of the numbers of children for whom records were received. The total number of children receiving combined prophylaxis, by general practitioners, which is also included in the statistics for diphtheria immunisation in sub-paragraph (d) below, shows a decrease of 1,080 on 1957.

Age at 31.12.58 i.e., Born in Year	Under 1 1958	1 year 1957	2 - 4 1956 - 4	5 - 14 1953 - 44	Under 15 Total
(i) Whooping Cough Vaccination ...	2,276	300	115	17	2,708
(ii) Combined Diphtheria/Whooping Cough Prophylaxis (obtained by and given by General Practitioners) ...	1,523	428	84	28	2,063
No. of Re-inforcing Injections ...	—	—	11	17	28

(c) *B.C.G. Vaccination*

The procedure described in the Annual Report for the year 1955 has continued and the following table gives details of the results during the last three years. The "grand total" refers to all children who have been tested since the scheme was extended to 13 year olds in October, 1954.

	1956			1957			1958			Grand Total
	County	Chelt- enham	Whole County	County	Chelt- enham	Whole County	County	Chelt- enham	Whole County	
No. of schools conc'n'd	50	9	59	61	10	71	30	10	40	71
Invited	3,629	972	4,601	5,984	962	6,946	3,508	954	4,462	20,960
Accept'd	2,331	425	2,756	3,871	375	4,246	2,399	561	2,960	12,757
Tub'c'lin tested	2,113	379	2,492	3,709	368	4,077	2,210	515	2,725	1,779
Positive	517	67	584	699	59	758	398	76	474	2,372
Negative	1,596	312	1,908	3,010	309	3,319	1,812	439	2,251	9,407
Percent. positive	24.5%	17.7%	23.3%	18.8%	16.0%	18.6%	18.0%	14.5%	17.4%	20.1%
Not vac'nated	15	—	15	26	—	26	8	—	8	66
Vac'n'ted	1,581	312	1,893	2,984	309	3,293	1,804	439	2,243	9,341

We have continued to participate in the Oxford Regional Hospital Board's survey of B.C.G. and during the year Dr K. Neville Irvine, the adviser in B.C.G. vaccination to the Board, reported that from the analysis of the results of vaccination of 13 year old school children in the nine local health authority areas participating, the conversion testing of non-contact 13 year old children was unnecessary. In March, however, the Minister of Health received the preliminary report of an expert committee of the Medical Research Council whose trials had indicated that British free-dried B.C.G. vaccine could now be used as an alternative to the Danish liquid vaccine which was then in current use. As it was desirable that the conversion rate of children vaccinated with the freeze-dried vaccine should be kept under review, we were invited to continue to participate in the Oxford Regional Hospital Board's scheme and conversion tests were, therefore, continued.

The object of this Control Centre is to make clinical observation on a sample of each batch of dried B.C.G. vaccine that is issued for use in Britain and to report the result as soon as possible to the Ministry of Health and to the manufacturers. The Scheme came into operation on 1st September. Since that date the tuberculin testing used has been the Heaf multiple puncture.

(d) *Diphtheria Immunisation*

The following table gives the number of children at the end of the year who had completed a course of immunisation :—

Age on 31.12.58 (i.e. Born in Year)	Under 1 1958	1 - 4 1954-57	5-9 1949-53	10 - 14 1944-48	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1954-58	551	18,889	18,941	10,421	48,802
B. Number of children whose last course (primary or booster) was completed in the period 1953 or earlier	—	—	9,544	17,654	27,198
C. Estimated mid-year child population	7,850	28,450	76,600		112,900
Immunity Index 100 A/C	7	66.3	38.3		43.2
Number of children who received com- plete course during year	3,275	1,344	429		5,048
No. of reinforcing injections	—	492	5,650		6,142

The immunity index of children under one year is 7 which is considerably short of the target of 25 for these children. Reinforcing injections for school children showed a continuing decrease of 2,444 to 5,650.

(e) *Poliomyelitis Vaccination*

On the 1st January, 22,049 registered children from the 1947 to 1956 age groups were awaiting injections and 3,154 required second injections. During the year, 57,747 persons completed the initial course of two injections and 13,867 received a third injection. The position on 31st December, was as follows :—

	Vaccinated with two injections	Received one injection only	Awaiting vaccination (No injections)
(i) Children born in the years 1943 to 1958*	73,557	1,410	2,064
(ii) Young Persons born in the years 1933 to 1942	301	192	369
(iii) Expectant Mothers	1,883	131	89
(iv) General practitioners, ambulance and hospital staffs and their families ...	497	106	—
	76,238	1,839	2,522

*The estimated acceptance rate for these children was 67% compared with the national average of 60.5%.

From the 1st January, the scheme was extended to include children born in the years 1943 to 1946, babies from six months onwards, together with general medical practitioners, ambulance and certain hospital staffs, and their families. These groups were increased in September to include young persons born in the years 1933 to 1942, an increase of ten years in the upper age limit, all hospital staffs in contact with patients, medical students, and families.

On the advice of the Medical Research Council, the Minister informed local authorities on the 2nd September, that third injections should be offered not less than seven months after the second.

These extensions to the scheme and the uncertainties regarding the amounts and types of vaccine involved considerable administrative work, much of which devolved on the health visitors who were responsible to the divisional medical officers for the local arrangements.

(XII) AMBULANCE SERVICE

Below are set out the numbers of patients carried and mileage covered during 1958, with comparative figures for previous years.

Year	Patients				Mileage			
	Amb.	S.C.C.	H.C.S.	Total	Amb.	S.C.C.	H.C.S.	Total
1949	22,958	5,397	35,696	64,051	373,071	68,575	875,970	1,317,616
1950	19,321	11,444	36,997	67,762	348,330	81,119	780,465	1,209,914
1951	23,600	22,240	29,086	74,926	367,075	188,842	606,327	1,162,244
1952	30,628	36,260	42,772	109,660	388,617	288,148	434,414	1,111,179
1953	43,230	50,821	37,080	131,131	444,987	311,880	373,560	1,130,427
1954	49,657	58,922	28,860	137,439	476,885	340,187	297,822	1,114,894
1955	60,535	61,819	30,472	152,826	572,879	343,151	315,162	1,231,192
1956	67,259	68,728	24,202	160,189	633,714	354,733	294,932	1,283,379
1957	69,807	70,325	18,934	159,066	618,925	362,805	214,907	1,196,637
1958	73,541	77,092	15,782	166,415	650,057	409,381	198,952	1,258,390

It was thought that the peak in numbers of patients had been reached in 1957 but an increase in patients going for physiotherapy has raised the total for 1958.

The proportion of patients conveyed due to accidents or emergencies remains at 5.0%.

218 long-distance cases were carried by train compared with 232 in the previous year. The advent of the diesel train is the reason for this reduction as stretcher cases cannot be carried in the new type of coach.

Hospital Car Service drivers have again given good service often under very difficult conditions.

Vehicles

During 1958, two new ambulances, capable of carrying four stretcher patients or eight sitting patients, and three new sitting case cars, capable of carrying six sitting or one stretcher and three sitting cases, were put into service on replacement of old vehicles.

Stations

Improved accommodation is now occupied at Moreton-in-Marsh.

Personnel

79 driver/attendants were employed at the end of 1958, the same number as in 1957.

Civil Defence

The Ambulance and Casualty Collecting Section of the Civil Defence Corps comprises 497 volunteers. Of these, 295 have been trained by either Service or Corps qualified instructors.

Eight ambulance vehicles are in use for training purposes.

(XIII) PREVENTION OF ILLNESS, CARE AND AFTER-CARE

I. TUBERCULOSIS

The arrangements for the prevention, care and after-care of tuberculosis include the B.C.G. vaccination of school children who are in their thirteenth year. B.C.G. is also given to young children who are family contacts of patients with Pulmonary Tuberculosis.

The number of persons who received B.C.G. vaccination during the year was 2,655. The total since the commencement of the scheme is 11,234.

At the 31st December, 189 persons were receiving free milk at the rate of two pints per day. In 13 cases the supply was reduced to one pint daily.

Summary of formal notifications during the year :—

Age Periods	Number of Primary Notifications of New Cases of Tuberculosis													Total (all ages)
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males ...	—	1	2	1	4	13	16	23	24	37	24	11	2	158
Respiratory, Females ...	—	—	2	—	5	12	8	15	15	8	7	2	1	75
Non-Respiratory, Males	—	—	4	3	4	2	2	2	3	2	1	1	—	24
Non-Respiratory, Females	—	—	—	3	2	5	4	6	2	2	1	—	—	25

New cases coming to knowledge during the year otherwise than by formal notification :—

Source of Information	Number of Cases in Age Groups													Total
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Death Returns from Local Registrars														
Respiratory, Male ...	—	—	—	—	—	—	—	—	—	I	I	I	I	4 (A)
Respiratory, Female ...	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
Non-Respiratory, Male	—	—	—	—	—	—	—	—	I	—	—	—	—	I (C)
Non-Respiratory, Female	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)
Death Returns from Registrar General (Transferable deaths)														
Respiratory, Male ...	—	—	—	—	—	—	—	—	—	—	I	—	—	I (A)
Respiratory, Female ...	—	—	—	—	—	—	—	—	—	—	—	I	—	I (B)
Non-Respiratory, Male	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
Non-Respiratory, Female	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)
Posthumous Notifications														
Respiratory, Male ...	—	—	—	—	—	—	—	—	—	—	—	—	—	— (A)
Respiratory, Female ...	—	—	—	—	—	—	—	—	—	I	—	—	—	I (B)
Non-Respiratory, Male	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
Non-Respiratory, Female	—	—	—	—	—	I	—	—	—	—	—	—	—	I (D)

TOTALS (A) 5 (B) 2 (C) 1 (D) 1

Persons removed from Register during the year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of Notification ...	3	I	4
(b) Recovery	130	12	142
(c) Death	55	I	56
(d) Left County or no trace ...	122	6	128

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 3,877 (3,183 pulmonary, 694 non-pulmonary) as compared with 3,916 (3,253 pulmonary, 663 non-pulmonary) at the 1st January.

There were 14 fewer new cases in 1958 than in 1957 and there was a reduction in the number of deaths from 41 to 35. The table below shows the deaths for the years 1953 to 1958 :—

Deaths from Tuberculosis

Age Period	1953		1954		1955		1956		1957		1958	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Under 1 year	—	—	—	2	—	—	—	—	—	—	—	—
1-4 years	1	1	1	—	—	—	—	—	—	—	—	—
5-14 years	1	1	—	—	1	1	—	1	—	—	—	—
15-45 years	23	2	24	5	18	3	12	1	8	1	7	1
45-65 years	37	4	27	1	18	—	14	3	15	2	14	1
65 years and over	10	1	14	2	8	—	15	1	13	2	11	1
	72	9	66	10	45	4	41	6	36	5	32	3
Totals	81		76		49		47		41		35	

Tuberculosis Welfare

The arrangement made with the Bristol Corporation whereby Gloucestershire residents attend Bristol Chest Clinics and Hospital and are supervised by Bristol Welfare Officers continues to function satisfactorily.

The work done during the year under the service is set out in the following table :—

No. of patients seen at Ham Green Hospital	...	64
No. of interviews at Ham Green Hospital	...	1,054

Patients are also seen at Clinics.

There are ten Tuberculosis After-Care Committees who work hard to raise funds which, on the advice of the Chest Physicians and Health Visitors, they distribute to the patients or their families to alleviate a variety of needs. These funds are reserved for particular items of help which cannot be obtained through central or local statutory bodies.

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P., SENIOR CHEST PHYSICIAN
NORTH GLOUCESTERSHIRE CLINICAL AREA

158 cases of tuberculosis were handled in the North Gloucestershire Chest Clinic Service. They are analysed as follows :—

County (North Glos.)

Abdominal, Orthopaedic and Cervical Glands	...	14
Primary or post-primary infection	...	20
Minimal Phthisis	...	23
Moderate Phthisis	...	83
Advanced Phthisis	...	15
Unclassified	...	3
Total	...	158

Clinical Area

TABLE I

Number of New Cases of Phthisis and Severity at time of Diagnosis :—

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Total Number	258	254	263	239	244	229	184	218	160	173
Minimal Cases	31%	30%	20%	20%	18%	20%	20%	22%	22.5%	17%
Moderately										
Advanced Cases	50%	52%	69%	68%	67%	66%	71%	65%	65%	70%
Advanced Cases	19%	18%	11%	12%	15%	14%	9%	13%	12.5%	13%

TABLE II

Source of Reference of Cases Analysed in Table I :—

	1949-1950 (512 cases)	1951-1952 (502 cases)	1953-1954 (473 cases)	1955-1956 (402 cases)	1957-1958 (333 cases)
Referred from G.P.'s	54%	43%	41%	44%	48%
Mass Radiography	15%	30%	27%	26%	23%
Contact Organisation	9%	7%	7%	7%	4%
Hospital, Forces, In-transfer, etc.	22%	20%	25%	23%	25%

Dr Knights has prepared two sets of graphs comparing the cases of phthisis seen in the North Gloucestershire Clinical Area, which includes the City of Gloucester, for the years 1949/51 and 1956/58. He states that in men the change after a seven year interval is striking and that the diminution of the total number of new cases is about 17%. In the earlier years there was a maximum incidence in the age group 25-34, but in the years 1956/58 the new cases are more evenly distributed over the various age ranges but with more cases in the older age group 55-64. There is a real increase in the number of older males with advanced tuberculosis. This change is found nationally but the reasons are not fully understood. Hitherto phthisis in the older man had been regarded as breakdown of latent earlier disease, but from the number of cases seen by the Chest Physicians it is evident that the disease is new.

Similar graphs have been prepared showing the new cases of phthisis in women in each of the same periods. Here the fall in the number of cases has been dramatic, namely 42% over the seven year period. Dr Knights states that tuberculosis is becoming an uncommon disease in the age group in which it was most common formerly, i.e. the young woman between 15-24, but there is an absolute increase in the number of older women with advanced tuberculosis.

The usual tables are appended with the record of the results of contact examination. The number of new contacts examined from new cases discovered may seem relatively low but it must be remembered that contact examination often involves special visits to factories or to schools and these numbers are not included with the present figures.

Contact examinations arising out of County cases in the North Gloucestershire Clinical Area notified in 1958.

Adults

Under 45				Over 45			
Urban		Rural		Urban		Rural	
Called	Response	Called	Response	Called	Response	Called	Response
82	66	134	105	41	28	84	61
	(80%)		(78%)		(68%)		(73%)

Overall percentage of attendance 76%.

No new cases of tuberculosis came to light. One woman failed to attend for clinical examination on recall after a large film. Two men are being kept under clinic observation.

Children

Of 183 children called, six did not attend at all, nine did not attend for, or refused, B.C.G. and are being kept under observation by means of tuberculin testing or Mass Radiography, one was tuberculin positive and did not attend for follow-up, eight were tuberculin positive and are under clinic observation, two had primary lung infections but their mothers refused treatment for them or further follow-up and two were notified—a primary complex and a hilar adenitis.

The remaining 155 were healthy and are analysed as follows :—

Age 0-4 Tub. +ve. Referred to G.P. and H.V. for observation ...	5
Age 5-11 Tub. +ve. Referred to G.P. and H.V. for observation ...	12
Age 12-16 Tub. +ve. For M.M.R. follow-up ...	11
Tuberculin negative. Successfully B.C.G. vaccinated ...	61
Tuberculin negative. Defaulted during B.C.G. ...	9
Tuberculin negative. Under clinic observation ...	1
Tub. tested and/or x-rayed and discharged (at no further risk) ...	56
	<hr/> 155

MASS RADIOGRAPHY SERVICE

	Male	Female	Total
Miniature Films ...	19,470	15,284	34,754
Large Films			
Total Recalled ...	538	297	835
Did not attend ...	8	11	19
Normal ...	278	180	558
Significant ...	251	105	356
Being investigated ...	1	1	2

Analysis of Tuberculous Cases

	Under 15	15-24	25-34	35-44	45-59	60 and over	Total
Active Tuberculosis							
Male ...	—	5	3	4	4	1	17
Female ...	—	8	—	2	1	—	11
Total ...		13	3	6	5	1	28

Under Observation									
Male	...	...	1	6	12	9	9	5	42
Female	...	...	2	6	5	2	8	—	23
Total			3	12	17	11	17	5	65

Inactive Tuberculosis										
Male	...	...		1	5	3	11	12	3	35
Female	...	...		3	10	6	8	6	2	35
Total				4	15	9	19	18	5	70

Cases previously detected				Male	Female	Total
Active	...	...	...	—	—	—
Under Observation	...	...		4	—	4
Inactive	...	...	...	3	3	6

Non-Tuberculous Cases

	Male	Female	Total
Malignant Neoplasms	13		13
Non Malignant Neoplasms	4	2	6
Sarcoidosis	4	3	7
Cardio-vascular disease—congenital	1	—	1
Cardio-vascular disease—acquired	6	8	14
Pneumoconiosis without PMF	55	—	55
Pneumoconiosis with PMF	2	—	2
Bronchiectasis	9	4	13
Atypical pneumonias	23	7	30
Pleural effusion	4	1	5
Bronchitis and Emphysema	13	6	19
Abnormalities of diaphragm and oesophagus	4	2	6
Other significant abnormalities	19	3	22
Total	157	36	193

2. GENERAL

(a) *Home Nursing Requisites*

The British Red Cross Society and the St John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintain 69 depots and the voluntary effort expended in administering these depots is a source of much satisfaction.

Articles which are required for long periods or permanently are supplied through the Health Department together with supplies of beds, bedding, disinfectants and paper handkerchiefs for tuberculosis patients.

(b) *Rest Homes*

Patients, including old people in need of rest and recuperation, numbering 135 in the year, have been sent to voluntarily administered Homes. This figure excludes mothers with young children who have been included in the Maternity and Child Welfare Section of this Report.

(c) *Health Education*

Programmes of health education are arranged by the Area Health Sub-Committees through the Divisional Medical Officers of Health and the Health Visitors.

Much use is made of the expanding library of film strips and the sound film outfit.

(XIV) HOME HELP SERVICE

During the year it was found possible to improve the service for the aged and chronic sick by employing 71 more part-time helps within the over-all establishment of equivalent whole time home helps. This was also necessary to cover the additional number of long term cases requiring help.

The number of chronic sick and old persons receiving help each week had increased from 1,344 by 121 to 1,465 by the end of the year ; 2,163 such persons received assistance, showing an increase of 240 over the previous year. By a redistribution of work it was possible to give some daily assistance to each old person needing help with personal hygiene and preparation of the midday meal. Home Helps are doing much to improve the conditions of old people, which are often the result of ill health, infirmity and sometimes apathy of relatives and loneliness. In many cases it was necessary in the initial stages to provide two Home Helps to clean and on occasions redecorate the dilapidated accommodation, but after the first clean up, by friendly supervision and the required practical help, the old persons have been encouraged to help themselves and regain their self-respect. Each year it is noted that these distressing cases are coming to light at an earlier stage and it is hoped that these old people will be persuaded to accept a little help in the home early on, before they have been disheartened by some of the crippling effects of infirmity and neglect.

The Night Sitter-in Service is being increasingly used and there was a fifty per cent increase on the previous year. However, it continues to be called upon mostly in the urban areas, even though the facilities are available in every part of the County.

The number of families assisted by the resident service has decreased, partly due to an increase in the number of available local helpers, but mainly because it has been more difficult to find the right type of woman for this special work who is prepared to live away from her own home. Five of the present residents have been employed for more than seven years and their value in caring for families in isolated places cannot be over-stressed.

Assistance by Home Helps for home confinements increased and the figures show an addition of 122 over the previous year. The total increase of 39,000 hours worked during the year is partly accounted for by the extra help given to these cases.

The new scale of charges mentioned in last year's report began to be used in January and the operation of the fixed minimum charge of 2/6d. per week for all cases except maternity, where the minimum charge is £1, has resulted in an increase in income. The changes affected 1,800 users of the Service, and the number of objections to the minimum charge was only ten. The scale itself is proving more equitable as in only six cases was it necessary to ask the Area Health Sub Committees to consider hardship.

In the short term cases of general sickness and confinement, it has been easier to give help as the cost does not appear to be relatively large and applicants have been willing to have the hours of help which they really needed. The National Assistance Board's officers have proved most helpful and co-operative and have promptly investigated cases brought to their notice where help was needed to pay the minimum charge. In a large number of instances these old persons were entitled to National Assistance but had not previously made application.

For the second year a record was kept of the cases investigated in which no help was given, and these number 785 (four less than the previous year). It was found following the introduction of the new scale that only 10% refused because of the cost and in the main the help needed was financial or assistance from voluntary or other statutory services.

Home Helps

47 Full-time (including seven Residents)

1,054 Part-time

Total number of hours of help for the year 678,438.

Families assisted

	Chronic	General Sickness	Maternity	Tuber- culosis	Total
Cases current 1.1.58	1,344	127	30	45	1,546
New cases occurring during 1958 ...	814	771	686	27	2,298
New resident cases	5	10	70		85
Cases current 31.12.58	1,465	148	31	42	1,686

Total number of families assisted during the year : 3,929.

Night Sitter-in Service : 51.

Families where circumstances investigated but no home help provided : 785 (including 26 resident cases).

(XV) MENTAL HEALTH

1. ADMINISTRATION

Staff

The only change during the year was the loss of the part-time service of one of the Registrars, who had been available to act on the rota of duly authorised officers.

At the end of the year the service had 36 full-time staff.

2. WORK UNDERTAKEN IN THE COMMUNITY

(a) Lunacy and Mental Treatment Acts

For the first time in seven years there was a decrease in the number of patients admitted to Mental Hospitals. The number of certified patients was the lowest ever recorded, but it cannot be assumed yet that the admission rate has passed its peak. In view, however, of the new legislation based on the Royal Commission's Report the future policy will be to concentrate upon community care, and an increasing number of people will be treated at home. Admission to hospital will tend to be used only in those cases where treatment can be given only in hospital or where the patient cannot be managed in the community.

The following table gives the classification of patients admitted and includes the final disposal of patients received under Sections 11, 20 and 21(1) of the Lunacy Act, 1890. It does not include those who were discharged or died before their period of observation under those sections had expired.

Class of Patient			1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Certified	...	...	170	139	137	131	112	123	94	68	49	23
Voluntary	...	...	361	364	383	359	427	522	571	680	815	819
Temporary	...	...	21	16	22	24	23	21	16	15	3	7
Totals	...	...	552	519	542	514	562	666	681	763	867	849

A further 67 patients were admitted informally to the Dundry Villas Neurosis Unit of the Bristol Mental Hospital.

The Mental Health Officers arranged the admission of 364 patients as follows :—

<i>Direct</i>				<i>For Observation</i>			
Voluntary	...	...	87	Section 11	...	...	3
Certified	...	...	14	Section 20	...	...	202
Temporary	...	...	4	Section 21(1)	...	...	54
Total				Total			
...				...			
105				259			

The value of sections 11, 20 and 21(1) as a means of avoiding certification is indicated in the following table. Extensions under Section 21(a) were authorised in the majority of cases.

<i>Disposal</i>			<i>Section 11</i>	<i>Section 20</i>	<i>Section 21(1)</i>	<i>Total</i>
Became certified patients	...	...	2	5	—	7
Became voluntary patients	...	...	1	151	42	194
Became temporary patients	...	...	—	1	—	1
Discharged	...	...	—	34	11	45
Died	...	...	—	11	1	12
Total			3	202	54	259

839 patients were discharged from mental hospitals and 79 patients died.

Considerable use was made of psychiatric out-patient sessions and domiciliary visits by consultants. In this way many urgent cases were seen prior to admission and in a number of instances where the problem presented was of a purely social nature, arrangements were made for disposal other than by hospital care.

The hospitals to which county patients were admitted are listed in the following table :—

Hospital	Voluntary	Certified	Temporary	Section II	Section 20	Section 21	Total
Gloucester	440	5	2	—	155	54	656
Bristol	152	1	2	3	—	—	158
Manor Park, Bristol ...	—	—	—	—	35	—	35
Littlemore, Oxford ...	13	7	1	—	9	3	33
Barnwood House, Gloucester	2	2	1	—	—	—	5
Tone Vale, Taunton ...	6	—	—	—	—	—	6
Warneford, Oxford ...	3	—	—	—	—	—	3
Roundway, Devizes ...	2	—	—	—	—	—	2
Mendip, Wells	3	—	—	—	—	—	3
Warwick	3	—	—	—	—	—	3
Napsbury, St Albans ...	1	—	—	—	—	—	1
Pen-y-Val, Abergavenny ...	—	1	—	—	—	—	1
Total	625	16	6	3	199	57	906

(b) *Mental Deficiency Acts*

(i) ADMISSIONS TO HOSPITALS

Patients were admitted to the following hospitals on a long term basis :—

	On Petition	Placed by Parent	Court Orders	Informal Admissions	Total
Stoke Park	1	13	1	1	16
Hortham	2	1	1	12	16
Pewsey	—	1	1	3	5
Sandhill Park	—	1	—	—	1
Borocourt	—	—	—	1	1
Totals	3	16	3	17	39

The demand for short term beds increases annually and this facility is proving to be a great asset. 60 patient were admitted, Stoke Park Hospital taking 39, Hortham 15, Pewsey 5 and Sandhill Park 1.

At the end of the year there were 28 patients awaiting long term admission. This is one less than last year, which is surprising in view of the fact that no young children have been admitted to Stoke Park Hospital for almost three years. The position with regard to adults has been easier, except for the lower grades.

(ii) ASCERTAINMENT

The biggest single group of patients ascertained as mental defectives was once again those referred by the Education Committee as requiring supervision after leaving school, 67 out of a total of 131 cases falling within this category. The next largest group was the ineducable children of whom 34 were referred. At the end of the year there were 1,399 patients on the register, as follows :—

			Under 16		16 and over		Total
			M.	F.	M.	F.	
(i)	under statutory supervision	...	162	117	242	216	737
(ii)	under guardianship	... ..	1	—	2	3	6
(iii)	in hospitals (inc. patients on licence)		68	30	214	211	523
(iv)	under voluntary supervision	...	—	—	64	69	133
Totals			231	147	522	499	1399

(iii) SUPERVISION

The numbers under supervision remained constant despite the fact that 65 patients were removed from the register as no longer requiring supervision. It is the policy of the Committee to consider the progress of those children who were placed under supervision after leaving school at the end of a two year period, and the majority of those taken off the register were from this group. They had shown by their employment records and stable behaviour that they no longer needed support from the mental health officers.

Of the 876 defectives under supervision and guardianship at the end of the year, 214 were employed in the following types of work :—domestic work 38, agriculture 54, local authorities 8, factories 53, retail trade 22, labouring 25 and mining 14.

A disturbing feature was the increasing number of unemployed and 89 were out of work at the end of the year. This is over 40% of the defectives on the register considered to be employable and is an indication of the growing need for industrial centres or sheltered workshops.

(iv) LICENCE

The supervision of patients on licence from hospitals was carried out in the main by hospital social workers. At the end of the year only seven were being visited by mental health officers.

(v) GUARDIANSHIP

Following upon the Minister's suggestion in Circular 2/58 that all Guardianship cases should be reviewed, the Board of Control accepted recommendations that four of the ten Orders should be discharged. At the end of the year only six patients remained under guardianship. Of these, two were receiving financial assistance, three were retained under guardianship because of behaviour difficulties and one because of poor home conditions.

(vi) OCCUPATION CENTRES

The numbers on the registers at the four occupation centres at the end of the year were :—

				<i>Average Daily Attendance</i>	
Cheltenham	...	...	104*		85
Newnham	...	...	48†		38
Stonehouse	...	...	51		42
Warmley	...	...	72		63
Total	...	...	275	Total	228

*including 21 from Gloucester County Borough and one from Worcestershire

†including three from Monmouthshire

Ten children were awaiting admission to Cheltenham, of whom the majority were suitable for the nursery class. Plans were drawn up, and approved, for extensions to the premises to be carried out in the coming year. There were no waiting lists at the other Occupation Centres.

A start was made on contract work at the Stonehouse Centre and, as at Newnham and Warmley, all the trainees over the age of 16 years took part. They received pocket money in return for the work performed.

I wish to pay tribute to the generosity of numerous people and organisations who have shown a considerable interest in the work of the various centres and made donations in money and in kind so that additional equipment might be purchased or extra facilities provided. The Parents' Associations attached to the Centres are particularly helpful.

Occupation Centre staffs were supplemented by two trainee assistant supervisors who will take the Diploma Course for Teachers of the Mentally Handicapped after approved service. Four members completed the in-service Diploma Course held in Bristol.

The unfortunate death of Mr J. C. Hicks, Supervisor of the Newnham Occupation Centre deprived the Committee of an enthusiastic officer who had been in charge of the Centre from its first opening in Cinderford in November, 1952.

(vii) HOME TEACHER

The Home Teacher continued to take groups of children at Chipping Campden (three days weekly), and Fairford (twice weekly). Ten children were attending and their progress was most marked.

3. CO-OPERATION WITH HOSPITALS

(a) *Mental Deficiency Hospitals*

Good relationship was maintained with the Mental Deficiency Hospitals to which County patients are admitted. The monthly Case Conference at Hortham Hospital was valuable in arranging for the admission of urgent cases. The introduction of the informal method of admission proved advantageous but was only adopted extensively by the Hortham-Brentry Group of Hospitals. It was used wherever possible after agreement with the Medical Superintendent of the receiving hospital.

The Mental Health Officers completed 205 reports on behalf of Hospital Management Committees as follows :—

Holiday leave enquiries	...	...	...	...	46
Home circumstance reports for statutory reviews	...	...	...	...	117
Licence reports	...	...	...	...	42

(b) Mental Hospitals

Close co-operation was continued with the Staff of Horton Road and Coney Hill Hospitals, Gloucester. The mental health staff attended twice weekly at Conferences at which new cases were discussed and also a monthly Conference when the progress of patients, who had been admitted a year previously, was reviewed. 423 visits were made to those patients who had been discharged during the course of the year. In addition, the Mental Health Officers paid 207 visits to patients who had been recommended for after-care and reported upon their progress. Full case histories were also compiled by the Officers in respect of patients admitted by them.

Whenever their duties permitted the Mental Health Officers attended lectures given by the Physician Superintendent and his medical staff at the Hospitals.

3. National Assistance Act, 1948**CARE OF HANDICAPPED PERSONS***(a) Blind***Ascertainment :**

There was a decrease of 16 in the number of blind persons on the Register on which there were 964 at the end of the year. There were 101 new registrations showing a decrease of 30 on the previous year, exclusive of transfers from other counties.

AGE AT ONSET OF BLINDNESS OF NEW CASES, 1958

0	1	2	3	4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80- 84	85- 89	90+	Total
1	-	-	-	1	-	2	-	1	-	1	7	6	9	32	24	11	6	101

RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations		Causes			
		Cataract	Glaucoma	Ret. Fib.	Others
(i)	BLIND				
(a)	No treatment	20	4	—	46
(b)	Treatment, Medical Surgical or Optical ...	13	15	—	12
	Number of cases which on follow up action have received treatment	9	11	—	11

Based on the figures at 31st December, 1958, a table giving details of education and employment is set out below :

Under 2 years	At home ...	...	...	...	1
2 - 4	At home ...	...	...	...	1
2 - 4	At home Ineducable	...	...	...	1
5 - 15	{ Attending Special Schools	...	...	...	7
	{ Attending Other Schools	...	...	...	1
	{ Educable at home	...	...	...	6
	{ Ineducable, in Institutions or at home	...	...	...	6
Undergoing training for Sheltered employment					1
Undergoing training for Professional employment					1
Unemployed, but capable subject to being trained for Open Industry					1
Unemployed, but capable without Training					6
In Workshops for the Blind					8
Approved Home Workers					21
<i>Gainfully Employed</i>					
Basket Maker, St Dunstan's					1
Clerks and Typists					2
Dealers and Agents					2
Domestic Workers					5
Factory Operatives					33
Gardeners					3
Labourers					3
Massage and Physiotherapy					2
Mat Makers (St Dunstan's)					2
Ministers of Religion					2
Music Teacher					1
Newsvendor					1
Office Executive (St Dunstan's)					1
Poultry Keeper (St Dunstan's)					1
Piano Tuners (Works)					4
Sundry					8
Telephonists					5
Not available for Employment 16 - 59					62
Not available for Employment 60 - 64					38
Not Capable of Work 16 - 59					54
Not Capable of Work 60 - 64					19
Over 65					654
Total					964

Though the placement of blind people in Open Industry is still difficult, it is encouraging that four men and one woman have been found employment by the Placement Officer of The Royal National Institute for the Blind. During the year five men have received Industrial Rehabilitation at America Lodge, Torquay. One man and two women received Social Rehabilitation at Bridgnorth.

Home Teaching Service

Social Clubs are held at Almondsbury, Cheltenham, Cinderford, Cirencester, Kingswood, Tewkesbury and Wotton-under-Edge. Two new weekly handicraft classes were started, at Stroud and Tewkesbury, in addition to those at Cirencester and Stonehouse. At these classes 418 lessons have been given.

Home Teachers paid 8,171 visits to the Blind and Partially-Sighted in their own homes ; gave 665 lessons in reading embossed literature (Braille and Moon), Deaf/Blind Manual and Handicrafts. The standard of work achieved has improved considerably ; the products find a ready sale in competition with surplus products from the trained Home Workers.

Homes

ELLERSLIE, ALBERT ROAD, CHELTENHAM

There has been no difficulty in keeping the accommodation for 37 filled since the additional accommodation became available. The few vacancies which arise are quickly filled.

FERNEY HILL HOME FOR THE BLIND, DURSLEY

It has been found possible to have more downstairs beds by turning the sitting-room into a dormitory and changing the bedroom for men into a sitting-room. This has lost one bed for men, but given increased total accommodation (now 19 women's beds and four men's beds).

The new wing—being built at the expense of the County Association for the Blind—will be completed in 1959. This will enable nearly all the blind residents to have ground-floor rooms and leave improved Staff accommodation on the first floor of the old building. Throughout the year there has been a Waiting List for admission.

At both these Homes valuable assistance is given by Voluntary Visitors, which is greatly appreciated by both the residents and the Staff.

(b) Partially-Sighted

During the year 18 names were added to the Register, making a total of 122 on the Register—an increase of two. Three names were removed to the Blind Register. There were no decertifications due to improved visual acuity.

TOTAL NUMBER ON REGISTER—AGE GROUPS, 31ST DECEMBER, 1958

0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
—	1	16	16	27	11	51	122

The following table shows how the Register is compiled :—

Aged	2 - 4	At home ...	...	...	1
	5 - 15 +	At Special Schools	...	...	10
	5 - 15 +	At Ordinary Schools	...	...	7
Over	15	Training ...	...	...	4
		Employed	...	...	30
		Unemployed	...	...	6
		Not Available	...	...	64
					—
		Total	...	...	122
					—

NEWLY REGISTERED, 1958

0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
—	3	2	—	4	2	7	18

RECOMMENDATIONS OF OPHTHALMIC SURGEONS—CAUSES OF PARTIAL BLINDNESS

Recommendations	Causes			
	Cataract	Glaucoma	Ret. Fib.	Others
(a) No Treatment	—	—	—	—
(b) Treatment (medical, surgical or optical)	2	2	1	15
(c) Number of cases which on follow up have received treatment	2	2	1	5

(b) *Deaf and Others (Deaf and Dumb)*

Visits were made as follows :—

Visits	Age Group	Register
50	Under 2	2
384	2-16	180
304	16-64	312
569	65+	346

Three babies under 18 months were referred during year and two other pre-school children. Only one infant under 12 months was referred.

The school leaver from residential deaf schools still presents a problem owing to poor language attainment, and difficulty in settling again into home life. The step from school to first job is a big one for any child, but the deaf youngsters have the added difficulty of not being used to mixing in the hearing community.

The Welfare Officer has worked in close co-operation with the Youth Employment Officer and the Disablement Resettlement Officer.

Many elderly deaf and hard of hearing have been referred by the National Assistance Board. Seventeen domiciliary visits were made to elderly housebound people by the Otologists, accompanied by the Welfare Officer. Five cases have been referred by General Practitioners and three by Mental Health Officers.

A social club for the Hard of Hearing has been established at Filton which is now self supporting.

Another club catering for both Deaf and Hard of Hearing was started in Stroud at the Community Centre with facilities for lip reading and auditory training.

There have been requests for a Club with lip reading facilities in the Forest of Dean and for lip reading classes in the Cirencester area, but as there is only one Welfare Officer it has not yet been able to make time to organise them.

Ten visits to housebound deaf in the Cirencester area have been made by the Welfare Officer to fit hearing aids and take ear impressions as this area is not provided with domiciliary technician services.

A survey of deaf and hard of hearing on the register was carried out by Health Visitors during the early part of the year and as a result over 100 elderly deaf were found to have died or moved away. Consequently the number on the Register has not increased as in previous years. However new cases are still mounting and the Welfare Officer is having great difficulty in keeping up with the work involved.

(c) *Physically Handicapped*

During the year 268 applications for help were received from new cases, bringing the total number of registrations over a period of ten years to 2,368. At present 1,789 of these cases are receiving help in one form or another, in the following age groups :—

			Male	Female
Under 16	...	...	137	111
16 - 64	...	...	644	641
Over 65	...	...	100	156
Total	...	...	1,789	

These figures show that the number of handicapped children on the register has decreased by 38 while numbers in the other age groups have increased.

An analysis of the register shows that the chief causes of disability are as follows :—

Rheumatoid Arthritis and Osteoarthritis	...	291
Poliomyelitis	...	228
Congenital Deformities	...	204
Cerebral Palsy (Spastics)	...	124
Surgical T.B.	...	118
Amputations	...	115
Thrombosis causing hemiplegia	...	115
Injuries due to Accident	...	96
Disseminated Sclerosis	...	87
Heart disease	...	75
Epileptics	...	46
Muscular Disease	...	44
Bronchiectasis and Asthma	...	41
Osteomyelitis	...	30
Parkinson's Disease	...	18
Other diseases	...	117
Pulmonary T.B.	...	97

There was a marked increase in the number of cases suffering from all types of rheumatism, disseminated sclerosis and heart diseases.

The Domiciliary Occupational Therapy Service has expanded considerably during the year as it has become more widely known and it now serves a very real need. 4,192 visits have been made by the four Occupational therapists to 2,352 patients. Many more patients were referred direct from hospitals and by General Practitioners especially where help was required with the provision of aids to daily living, particularly dressing, eating and toilet needs. Some 97 tuberculous patients are receiving occupational therapy. This number has more than doubled since last year, mainly due to the close link with Hospitals and Clinics.

At least 60% of the disabled people having occupational therapy are helped in some way with medical loans, gadgets or aids to enable them to become more independent. Some of our handicapped men who have had some engineering training and who have their own small workshops are able to make to specification certain aids and apparatus for the use of other patients.

Adaptations and alterations to houses have been necessary in order to help people who have become paralysed to lead independent lives. In many cases District Councils have been most co-operative in carrying out these alterations and it is hoped that in the future help may also be available where a path has to be laid for a mechanical chair or a petrol-driven tricycle.

As a result of regular instruction from the four Occupational Therapists the standard of work has improved and saleable goods are now being made by 93 of our disabled people while a further 14 are kept busy throughout the year with regular orders for hand-knitted goods.

A Repair Service for household linen, shirts and children's clothing has recently been started, to employ those disabled women who are able to do plain sewing and simple alterations.

By means of our marketing scheme which includes the sale of these goods at shows and exhibitions, in local shops and hotels, and from the office, articles to the value of over £832 have been sold during the year. This shows an increase of £378 over last year's sales.

This is a most important side of the work as the sale of their work does a great deal to raise the morale of the disabled workers. The assistance given in displaying and selling our goods in different parts of the county is very greatly appreciated.

A ground floor storeroom at Community House has been made available for the four Occupational Therapists to use as a workshop.

The county is very fortunate in having eight very active Area Committees which include 160 voluntary helpers. These committees are responsible for a great deal of the regular visiting of the handicapped people, and they also provide from their voluntary funds for any special needs not covered by the Welfare Services.

During the year, holidays have been arranged for many severely handicapped people especially where a relative who is responsible for caring for the patient is in need of a rest. Other disabled people have enjoyed holidays in Guest Houses, Hotels and Holiday Camps. Some of the children have attended special camps arranged by Scouters and the B.R.C.S.

The Ministry of Labour continue to give valuable help in the training and placing of school-leavers, though the employment position has deteriorated for handicapped people.

Many of our disabled people benefit greatly from the Home Help Service and the help given them in the house has often enabled them to remain at home where otherwise they would have to occupy a bed in hospital.

SECTION C

DISEASES

I. Infectious Diseases

The notifications of infectious diseases received during the year are set out in Table II at the end of this report.

(a) *Diphtheria*

No cases were notified. This is the fifth year in succession without a case of Diphtheria.

(b) *Scarlet Fever*

The number of notifications of scarlet fever was 257 as compared with 249 in 1957 and an average of 460 over the previous ten years. The districts most affected were Gloucester (46), Kingswood (24), Cheltenham Municipal Borough (22), North Cotswold (21), Dursley (20).

(c) *Measles*

There were 3,288 cases notified as compared with 6,939 in 1957. There was one death.

(d) Whooping Cough

The number of cases notified was 753 as compared with 1,199 in 1957. There was one death as compared with two in 1957.

(e) Pneumonia

There were 204 cases of pneumonia as compared with 245 in 1957. Of these 61 occurred in urban districts and 143 in rural districts. 206 deaths were recorded as compared with 196 in 1957.

(f) Influenza

Although there was no Influenza epidemic in 1958, 41 deaths were recorded as due to or associated with this disease. The last epidemic was in the Autumn of 1957.

(g) Gastro-Intestinal Diseases

133 cases of dysentery were reported as compared with 70 in 1957, 11 in urban districts and 122 in rural districts. The greater awareness of this entirely preventable disease accounts for some of the recorded increase.

(h) Diseases of the Central Nervous System.

The number of cases of anterior poliomyelitis notified was : paralytic three and non-paralytic five. There was one death.

The cases occurred in six Sanitary Districts, the highest number was in Cheltenham Municipal Borough with two non-paralytic and Gloucester Rural with one paralytic and one non-paralytic.

These are very low figures but it is still too early to say whether vaccination against this disease was the cause of the low incidence in 1958, because by then although a large number of children had been vaccinated the per-centage was not high.

(i) Puerperal Pyrexia

The notifications decreased from 162 in 1957 to 151.

2. Venereal Diseases

The following table shows the number of County cases coming under treatment during 1958 at the various treatment centres.

				Syphilis	Gonorrhoea	Other Conditions	Total
Bristol, Maudlin Street Clinic	...	...	...	3	3	51	57
Bristol, Southmead Hospital	...	...	...	—	2	3	5
Cheltenham General Hospital	...	...	...	2	18	68	88
Gloucester, Glos. Royal Hospital	...	...	...	2	23	84	109
Oxford, Radcliffe Infirmary	...	...	...	—	—	—	—
St Heliers, Carshalton	...	...	...	—	—	1	1
South Shields	...	...	...	—	—	1	1
				—	—	—	—
Total				...	7	46	208
			

The figures for the past five years are :

1954	...	...	...	...	...	26	43	199	268
1955	...	...	...	...	...	23	45	241	309
1956	...	...	...	...	...	21	44	247	312
1957	...	...	...	...	...	21	50	263	334
1958	...	...	...	...	...	7	46	208	261

Dr A. E. Tinkler, Venereologist to the Bristol, Cheltenham and Gloucester Clinics says :—

In so far as the Venereal Diseases are concerned, the County of Gloucester is a “ quiet area ” and the incidence of syphilis and gonorrhoea is low.

Although gonorrhoea is not at present the major medical problem that it was in pre-penicillin days, there are some indications that the results of treatment may not be as good as they were, and relapses needing re-treatment, though still unusual, are less common than they used to be. So far, however, strain resistance to penicillin has not been proved, but the situation needs to be watched carefully.

New cases of non-gonococcal urethritis in males are now more numerous than those of gonorrhoea : 24 cases from the County were treated at the Gloucester Clinic during 1958. Research is proceeding into the cause and cure of this disease though the aetiology of most of the cases is still obscure. It is important that as many female contacts as possible be tactfully traced, carefully investigated, and treated, if any impact is to be made on the increasing frequency of this condition.

There has been a remarkable decline in the incidence of early syphilis since the war, but for the past few years, in England and Wales, the number of new cases, although low, has remained at a fairly constant level. There is no evidence to suggest that the disease will be eradicated in the foreseeable future or that the incidence will decline further if measures to ensure prompt investigation and treatment are relaxed.

Social Aspects

The control of venereal diseases depends largely on successful contact tracing. Though the original patient is usually the most effective agent for this purpose, cases arise where this is not so. Here the services of an experienced worker can be invaluable and, generally speaking, the trained health visitor on the staff of the Medical Officer of Health has the right background for this delicate task. In so far as Gloucester City and County are concerned, there has always been close liaison between Medical Officer of Health and Venereologist whenever there has been an urgent need to trace venereal contacts, or to ensure their regular attendance at the Gloucester V.D. clinic.

SECTION D

SANITARY CIRCUMSTANCES OF THE COUNTY

CHELTENHAM BOROUGH

Water

During the year some 5,647 yards of water mains were laid.

Sewerage

No major extensions to sewers, including the sewerage disposal works, have been carried out during the year.

Housing

429 new houses were erected during the year, 101 Council and 328 private houses. In addition, the Council erected 105 flats.

TEWKESBURY BOROUGH

Water

34 new connections were made during the year to the existing public mains, which were not extended in any way. Of the 1,820 houses in the Borough, only five are without a mains supply.

Sewerage

The sewage works functioned well during the year, though sludge-drying proved troublesome until a new lagoon was constructed and brought into use.

Housing

30 new houses were erected during the year, all except one being built by the Council. Demolition under slum clearance legislation ended the life of the Barnes' Buildings Almshouses in Chance Street, which as a three-storey building with almost vertical stairways contained 34 flatlets for old people. The Council now owns 50 modern dwellings suitable for occupation by aged persons.

CIRENCESTER URBAN DISTRICT

Sewerage

During the year work was started on a further extension to the sewerage scheme at Stratton and most of the work was completed by the end of the year. The scheme provides for sewerage in Gloucester Road, part of Cheltenham Road, Albion Street and Whiteway View.

Housing

Six private houses were erected during the year and eight were under construction at the end of the

KINGSWOOD URBAN DISTRICT

Water

Steps to amalgamate the Water Undertaking with the Bristol Water Company reached a further stage and it was anticipated that the takeover would occur in mid 1959.

An increasing amount of water supply for Kingswood and Hanham is drawn from the Chew Reservoir.

Sewerage

There were no major sewer extensions except those constructed in the development of private building estates. Preventive action was taken by the Council to remedy overcharging during heavy rainfall, and a scheme for relief in the Station Road area is under consideration.

Alterations of considerable importance are envisaged for the future at the Conham Sewerage Works. For some time the works has been overloaded due to the increase in the number of houses built. A scheme is being prepared whereby part of the sewage now flowing through the works will be diverted into the sewers of the City of Bristol, thus relieving a considerable pressure on the capabilities of the works.

MANGOTSFIELD URBAN DISTRICT

Water

One part of the district (Moorend) is still without a piped water supply, due to the excessive cost of supplying mains. It is hoped that with the amalgamation of the West Gloucestershire Water Company with the Bristol Water Works Company in 1959, the supply will be possible at some future date.

Sewerage

A further section of the Downend relief sewer was completed during the year under review.

Numerous extensions were made by private developers.

CHELTENHAM RURAL DISTRICT

Water

No new mains were installed during the year.

Sewerage

The scheme of providing sewers for part of the parish of Staverton was completed during the year. Work will shortly commence on the proposed sewers for The Reddings, Badgeworth, and schemes are in the course of preparation for the parishes of Gotherington (including Woolstone) and Swindon.

Housing

367 houses were erected during the year, of which 105 were Council houses.

There were 156 houses under construction at the end of the year, 17 Council and 139 private.

CIRENCESTER RURAL DISTRICT

Water

Phase 2 of the Churn Valley water scheme was started during the year and 1,966 yards were laid. This covered the area from North Cerney to near Woodmancote.

Phase 2 of the Quenington water scheme, 900 yards, was completed.

Sewerage

The first stage of the Quenington sewerage scheme was completed during the year and all negotiations for Fairford sewerage scheme were completed to enable work to start on 1st January, 1959.

Housing

The Council's housing programme for the year was concerned with the erection of Old People's bungalows. Ten were started at Fairford and eight at Lechlade. Six private houses were erected and there were 30 under construction at the end of the year.

GLOUCESTER RURAL DISTRICT

Water

During the year nearly 5 miles of new main were laid and a further 582 houses provided with mains water. Approximately $1\frac{1}{2}$ miles of new main have also been authorised. The provision of mains water to the hamlet of Stockend has resolved a long-standing problem.

Sewerage

Work on the first stage of the Frampton-on-Severn and Fretherne-with-Saul sewerage scheme was completed during the year and the final stage commenced. Sewerage schemes are under consideration for parts of the parishes of Hardwicke, Quedgeley and Hempsted.

Housing

431 houses have been erected during the year, of which 24 were Council houses. A further 317 Council houses were under construction at the end of the year.

DURSLEY RURAL DISTRICT

Water

At North Nibley the extension of 1,044 yards of mains was completed during the year. New mains were laid and service altered on account of road improvement works in Berkeley Road, Southend, Stinchcombe and Coaley areas.

Sewerage

The new Sewerage Disposal Works at Coaley is now in full operation. Unfortunately, trouble is being experienced in the filters due to extensive loading, which is being investigated. Surface water infiltration into the Uley sewer is causing delay in connecting up the drain for properties. The unsatisfactory state of the Wotton-under-Edge outfall works, due to overloading and the age of the works still persists. This will not be remedied until the new works for Wotton-under-Edge and Kingswood are provided.

Housing

89 houses were erected during the year, of which 56 were under private enterprise.

NORTHLEACH RURAL DISTRICT

Water

The first part of the last section of the comprehensive water scheme was completed during the year to serve the following villages :—

Sherborne, Windrush, Great Barrington, Little Barrington.

80% of the Northleach Rural District is now covered by a comprehensive water scheme. It is expected that the final part of the last section to serve Haselton, Compton Abdale, Hampen and Turkdean, will be completed during 1959.

Sewerage

A revised scheme had to be drawn up for the Andoversford sewerage scheme and it is hoped to get approval for this so that an early start can be made.

Housing

12 Old People's flats were completed at Northleach and 12 sub-standard cottages in various parts of the district were modernised. Under private enterprise six houses were completed and there were a further five houses under construction at the end of the year.

NORTH COTSWOLD RURAL DISTRICT

Water

At the beginning of the year the Shipston-on-Stour water scheme was completed and the North Cotswold R.D.C. now provide a bulk supply of approximately 250,000 gallons per day from their comprehensive scheme.

Sewerage

During the year the Ministry of Housing and Local Government approved a scheme for the construction of a new disposal works at Blockley and the laying of new sewers in Draycott and Paxford. An outline scheme for Guiting Power was approved in principle.

Housing

Slum clearance—Clearance orders were confirmed for 13 houses at Blockley, Oddington and Stow and individual action was taken by the Council in respect of 55 houses.

The number of new houses erected during the year by the Council was 38. 25 houses were erected under private enterprise.

SODBURY RURAL DISTRICT

Water

Dyrham and Hinton—proposals for a piped water supply at Hinton is under consideration. Negotiations are still in progress regarding the extension of water mains to Dyrham House, which is being converted into flats.

Bagstone—approval has now been given to water main extensions to this hamlet, which will serve 23 houses and four farms.

Wick, Barrow Hill—a small scheme conveying the extension of mains to serve eight properties has been approved, and work is expected to commence in 1959.

Wickwar, Hall End—a further extension of the joint scheme for the Bagstone area is under consideration.

Cold Ashton—a scheme has now been completed which will serve 54 houses and four farms.

Sewerage

Filton—Southmead Flood Relief Service—work on the scheme is expected to be completed in January, 1959.

Pucklechurch, Parkfield and Shortwood—half the work on the scheme has been completed. The whole scheme will serve 339 houses.

Old Sodbury—this scheme will provide for the laying of various lengths of sewers to serve the centre of the village, and is now under consideration.

Housing

317 houses were erected during the year, of which 243 were under private enterprise. 117 Council and 130 private houses were under construction at the end of the year.

TETBURY RURAL DISTRICT

Housing

20 Council houses were completed during the year, consisting of eight one-bedroom flats ; eight two-bedroom houses ; two three-bedroom houses, and two four-bedroom houses. 13 houses were erected under private enterprise.

STROUD RURAL DISTRICT COUNCIL

Water

A scheme for the supply of water to Edge was put in hand and completed during the year. The majority of houses in the area are now fed from this system. To meet the increased demand for water in the parishes of Painswick and Cranham a 6 in. main was laid from Pitchcombe to Painswick reservoir. A 4 in. main was laid at Whiteshill to improve the supply in this area.

Sewerage

The sewerage system for Houndscroft has been extended. A scheme has been approved from the sewerage of Marsh Lane, Leonard Stanley, to provide drainage for the ten properties in the area. Work will commence in January, 1959.

The extension of the sewer at Station Road, Brimscombe, was completed during the year and six of the eight existing properties have been connected. It is hoped to connect the remaining properties next year.

Housing

70 Council and 134 Private Houses were completed during the year. At the end of the year there was under construction 50 Council and 77 Private Houses.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

I. Milk Supply

During the first quarter of 1958, one pasteurising dairy at Cirencester ceased to pasteurise ; this reduced the number of licenced pasteurising plants to 25.

Each processing dairy is visited weekly, and milk samples submitted for laboratory examination numbered 1961. Only 23 samples failed the phosphatase test. There were no failures of the Methylene Blue Reductase test.

Samples of milk were also secured from retail dairymen in Specified Areas of the county. In this way, 157 pasteurised milks, 37 sterilised milks and 107 raw tuberculin tested milks were tested.

(a) School Milk Supplies

Regular sampling of milk supplied to each school has continued. Complaints from Head Teachers regarding deficiencies in service or in supply have been followed up. A recommendation to substitute pasteurised milk for raw milk was adopted by one dairyman, and this reduced the total schools receiving raw milk to nine.

(b) Milk supplies to County Council Establishments

Sampling and supervision of milk supplies to school canteen kitchens, nurseries and other County Council properties have been maintained.

(c) Milk supplies to Hospitals

In response to a request from the Gloucester, Stroud and Forest Hospital Management Committee, arrangements have been made for the periodic inspection and sampling of the milks supplied to hospitals within the group.

(d) Hospital Dairy Farm

During the year, 12 milk samples were secured from Coney Hill Hospital Farm, Barnwood, on behalf of the Ministry of Health. The milk produced at this farm is ruberculin-tested and was submitted for bacteriological and biological examination. All samples gave satisfactory results.

(e) Biological Examination of Milk

It is pleasing to report that no raw milk samples submitted for biological examination, have been found to contain the organisms causing tuberculosis or brucellosis. This is the first year in which no adverse reports have been received.

Origin of Sample	Ster. Milk		Pasteurised Milk				Raw T.T.		Total	
	Turbidity Test		Phos. Test		Meth. Blue Test		Meth. Blue Test			
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Licenced Pasteurising Plant	—	—	1938	23	1961	—	—	—	1938	23
Specified Area Samples	37	—	155	2	157	—	94	13	249	15
School Milks	—	—	703	10	713	—	23	5	726	15
Other G.C.C. Props ...	—	—	77	2	79	—	12	5	89	7
Hospitals	—	—	11	—	11	—	—	—	11	—

2. Water Sampling

The systematic sampling of drinking water from County Council establishments was continued during the year.

Samples from Old Dean Hall Special School gave cause for concern and arrangements were put in hand to safeguard the water supply. It was advised that all water for drinking purposes should be boiled, until chlorinating apparatus could be installed.

During their period of usage, swimming baths at County Council properties were frequently sampled. This is an expanding responsibility, the number of baths having doubled during 1958. Advice on construction, cleansing and chlorination has been given in connection with these swimming baths.

3. Food Hygiene

Inspections of central cooking depots, school canteen kitchens and serving rooms, and kitchens in Nurseries and Old People's Homes have been carried out. The requirements of the Food Hygiene Regulations, 1955, have been borne in mind when the inspections have been made, and where necessary appropriate recommendations have been made.

4. Diseases of Animals (Waste Food) Order, 1957

At 31st December, 1958, the number of plant licenced to process waste food for animal feeding was 37. Ten new applications for licences were dealt with, and re-inspections of processing plants already licenced have been carried out. It is felt that the total number of plants licenced must still be small in proportion to those operated in the county without a licence, despite the publicity given regarding the requirements of the Order and its importance.

5. REPORT ON THE WORK UNDERTAKEN BY ANIMAL HEALTH DIV. 28 DURING 1958

supplied by Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries

(a) Diseases of Animals Acts and Orders

Notifiable diseases were dealt with as follows :—

Disease	1958		1957	
	Negative Reports Investigated	No. of Confirmed Cases	Negative Reports Investigated	No. of Confirmed Cases
Anthrax	184	4	174	—
Atrophic Rhinitis	—	—	1	1
Foot and Mouth	3	—	7	4
Fowl Pest	9	1	10	—
Swine Fever	101	36	110	8
Tuberculosis	7	6	2	9

(b) Milk and Dairies Regulations

On 31st December, 1958, the position regarding dairy herds in the division was as follows :—

(1) Number of Attested Herds	...	...	3,159
(2) Number of Supervised Herds	...	...	86
(3) Number of Non-designated Herds	...	...	1,200 approx.

In addition there were 500 Attested and 30 Supervised non dairy and beef cattle herds.

During the year, 1,963 herd inspections were made in connection with Licenced T.T. herds, involving the clinical examination of 95,172 cattle.

In addition to these inspections, the non-designated herds in the county whose owners had applied for free tuberculin testing, were also inspected—the total number of cattle tuberculin tested under this category being 29,247.

(c) *Tuberculous Milk—Veterinary Investigations*

During 1958, only one initial report of tubercle bacilli having been found in milk was received from the Medical Officers of Health in the Division. As a result of veterinary enquiries which were carried out, the animal was traced and slaughtered under the Tuberculosis Order, when it was found to be affected with advanced tuberculosis.

(d) *Congenital Bobine Tuberculosis*

One report of tuberculosis lesions having been found on post mortem examination of calves was received from Medical Officer of Health. In this case the dam of the calf had been slaughtered prior to completion of the investigation.

(e) *Brucella Abortus Infection in Milk*

During the year, no reports were received from Medical Officers of Health involving illness in human beings from the consumption of milk infected with *Brucella Abortus*.

(f) **Tuberculosis Attested Herds Scheme**

Out of an approximate total of 207,000 cattle in the division, 184,000 or 89% were attested to 31st December, 1958. On 1st March, 1957, free tuberculin testing facilities were offered to farmers who wished to upgrade their herds to attested status and up to the end of 1958, 1,932 herd owners had made application to have their herds tested. The number of cattle tested at these *first* free tests was 52,744, and the percentage of reactors at these first free tests was 12.5%.

(g) *Calf Vaccination Scheme*

The scheme operates for the purpose of conferring immunity against infection with contagious bovine abortions and all female calves from four months of age up to the date of service are eligible for vaccination. Under this scheme, 8,602 cattle were vaccinated during 1958.

(h) *Swine Fever—Registered Vaccinated Herds Scheme*

Under this scheme, owners have their herds vaccinated with Crystal Violet Vaccine, which confers an immunity in swine against infection with Swine Fever. The number of herds registered in the division under the scheme was 37 on 31st December, 1958.

(i) *Poultry Stock Improvement Plan*

The scheme is designed to ensure that poultry flocks are kept free from infection with Bacillary White Diarrhoea (*Salmonella Pullorum*) and the adult birds of the flock owners are submitted to blood testing throughout the season. During 1958, 53 flocks involving 64,887 birds were blood tested and no reactions were disclosed.

Other work done by the Veterinary Staff in the division includes the fertility testing of bulls prior to their approval at Artificial Insemination Centres, the vaccination of calves under the Johne's Vaccination Field Trial, and the Surveying of dairy herds to obtain information on the causes and extent of wastage, also evidence of disease occurring in such herds.

Inspection of ponies prior to shipment to any part outside Europe under the Exported Ponies Protection Order, 1958, is undertaken by the Veterinary Staff. This Order provides that no pony shall be shipped by sea or air from Great Britain unless immediately before shipment it has been inspected by a Veterinary Inspector and has been certified by him to be capable of being conveyed to the destination without unnecessary suffering.

In addition, factories concerned in the mixing and sterilising of products of animal origin such as meat and bone meal, fertilizers of animal origin, etc., which are for export to the Channel Isles are also inspected. These factories have to reach a certain standard and must be approved before any export licence is granted.

Figures of Tuberculosis Cases in the Division for the year ended 31st December, 1958 (Tuberculosis Order, 1958)

(1)	No. of suspected cases examined	...	...	...	7
(2)	No. of cases not amenable to the Order	...	...	...	1
(3)	No. of cases amenable to the Order	...	...	...	6
(4)	No. of cases of chronic cough	...	...	...	1
(5)	No. of cases of Tuberculosis of the Udder	...	...	...	5
(6)	No. of cases of Tuberculosis Emaciation	...	...	...	—
(7)	No. of cases of excreting tuberculous material	...	...	...	—
(8)	No. of cases of Tuberculous milk	...	...	...	—
(9)	No. of cases where proved "advanced on P.M.E."	...	...	...	3
(10)	No. of cases where proved "not advanced on P.M.E."	...	...	...	3
(11)	No. of cases where proved "not affected on P.M.E."	...	...	...	—

SECTION F

Miscellaneous

Registered Nursing Homes

At the end of the year there were five nursing homes registered in the County, excluding Cheltenham Municipal Borough. These homes provided 85 beds for general cases. Visits of inspection are made by members of the Medical Staff and the conditions prevailing in the homes were satisfactory. The County Fire Prevention Officer has continued to inspect each home for the purpose of checking the maintenance of adequate fire prevention measures.

Cheltenham Municipal Borough continues to administer the powers of registration which were delegated to the Borough under Section 194 of the Public Health Act, 1936.

TABLE I—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS					DEATHS											
		Live Births			Still Births		Total		Under 1 year			Under 4 weeks		Infantile Mortality Rate per 1,000 Live Births				
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total						
													No.					
Urban																		
Charlton Kings	6,820	124	6	130	19.06	2	—	2	98	14.37	3	—	3	23.08	2	—	2	15.38
Cheltenham M.B.	68,610	1,039	114	1,153	16.81	21	2	23	889	12.96	23	1	24	20.81	16	1	17	14.74
Cirencester	12,190	166	12	178	14.60	2	1	3	169	13.86	4	—	4	22.47	4	—	4	22.47
Kingswood	22,100	385	11	396	17.92	11	—	11	209	9.46	7	—	7	17.68	7	—	7	17.68
Mangotsfield	21,600	382	9	391	18.10	8	—	8	218	10.09	9	—	9	23.02	6	—	6	15.34
Nailsworth	3,710	59	—	59	15.90	1	—	1	34	9.16	1	—	1	16.94	1	—	1	16.94
Stroud	16,240	239	9	248	15.27	6	1	7	206	12.68	7	1	8	32.26	5	1	6	24.19
Tewkesbury M.B.	5,530	102	7	109	19.71	5	—	5	76	13.74	3	—	3	27.52	1	—	1	9.17
TOTAL U.D.	156,800	2,496	168	2,664	16.99	56	4	60	1,899	12.11	57	2	59	22.14	42	2	44	16.51
Rural																		
Cheltenham	29,250	521	21	542	18.53	11	—	11	263	8.99	9	1	10	18.45	7	—	7	12.91
Cirencester	15,340	265	13	278	18.12	6	—	6	123	8.01	5	—	5	17.98	4	—	4	14.39
Dursley	17,150	252	7	259	15.10	5	—	5	162	9.45	4	—	4	15.44	2	—	2	7.72
East Dean	20,850	317	12	329	15.78	5	—	5	201	9.64	2	—	2	6.08	2	—	2	6.08
Gloucester	42,820	775	39	814	19.01	16	2	18	511	11.93	19	2	21	25.80	11	—	11	13.51
Lydney	12,240	191	9	200	16.34	5	—	5	138	11.27	7	—	7	35.00	6	—	6	30.00
Newent	8,470	137	8	145	17.12	4	—	4	88	10.39	3	—	3	20.69	2	—	2	13.79
North Cotswold	20,540	306	7	313	15.24	6	1	7	233	11.34	8	—	8	25.56	6	—	6	19.17
Northleach	8,170	118	3	121	14.81	2	—	2	90	11.01	3	1	4	33.06	2	1	3	24.79
Sodbury	41,220	691	32	723	17.54	20	—	20	346	8.39	11	1	12	16.60	9	1	10	13.83
Stroud	27,250	381	16	397	14.57	8	—	8	323	11.85	8	—	8	20.15	4	—	4	10.07
Tetbury	6,790	125	2	127	18.70	2	—	2	86	12.66	3	—	3	23.62	3	—	3	23.62
Thornbury	26,850	506	20	526	19.59	3	—	3	307	11.43	6	—	6	11.40	3	—	3	5.70
Warmley	14,500	272	4	276	19.03	4	—	4	112	7.72	1	—	1	3.62	1	—	1	3.62
West Dean	17,960	251	14	265	14.75	4	1	5	215	11.98	5	—	5	18.87	4	—	4	15.09
TOTAL R.D.	309,400	5,108	207	5,315	17.18	101	4	105	3,198	10.34	94	5	99	18.62	66	2	68	12.79
County Totals	466,200	7,604	375	7,979	17.11	157	8	165	5,097	10.93	151	7	158	19.80	108	4	112	14.04

TABLE II—1958 SUMMARY

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diph- theria	Ac. Pneu- monia	Dysentery	Small- pox	Ac. Enc Lethargic	
			P	NP						I.	PI
Urban											
Charlton Kings ...	2	3	1	—	11	—	3	—	—	—	—
Cheltenham M.B.	22	143	—	2	499	—	35	6	—	2	—
Cirencester ...	1	15	—	—	71	—	—	9	—	—	—
Kingswood ...	24	11	—	—	131	—	3	—	—	—	—
Mangotsfield ...	10	3	—	—	48	—	2	5	—	—	—
Nailsworth ...	1	—	—	—	3	—	2	—	—	—	—
Stroud ...	4	1	—	—	62	—	7	—	—	—	—
Tewkesbury M.B.	14	—	—	—	49	—	—	—	—	—	—
TOTALS U.D. ...	78	176	1	2	874	—	61	11	—	2	—
Rural											
Cheltenham ...	18	48	—	1	139	—	10	1	—	2	—
Cirencester ...	1	35	—	—	138	—	12	2	—	—	—
Dursley ...	20	1	—	—	343	—	18	—	—	—	—
East Dean ...	8	47	—	—	316	—	1	—	—	—	—
Gloucester ...	46	105	1	1	362	—	15	3	—	—	—
Lydney ...	4	43	—	—	21	—	2	—	—	—	—
Newent ...	7	20	—	—	16	—	—	36	—	—	—
North Cotswold ...	21	92	—	1	155	—	24	4	—	—	—
Northleach ...	10	15	—	—	28	—	4	—	—	—	—
Sodbury ...	5	28	—	—	314	—	16	51	—	—	—
Stroud ...	6	17	1	—	57	—	10	—	—	—	—
Tetbury ...	3	3	—	—	1	—	2	—	—	—	—
Thornbury ...	13	77	—	—	355	—	21	24	—	—	—
Warmley ...	14	5	—	—	162	—	3	1	—	—	—
West Dean ...	3	41	—	—	7	—	5	—	—	—	—
TOTALS R.D. ...	179	577	2	3	2,414	—	143	122	—	2	—
County Totals ...	257	753	3	5	3,288	—	204	133	—	4	—

C.P.—Chicken Pox
M.—Malaria

INFECTIOUS DISEASE NOTIFICATIONS

Epidemic Typhoid Fever	Paratyphoid Fever	Erysipelas	Meningo- coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal- mia Neonae	Tuberculosis			Other
							Pul- monary	Meninges and CNS	Other	
—	—	—	—	4	2	—	3	—	1	—
—	—	3	5	16	62	5	36	1	6	—
—	—	—	1	—	3	—	2	—	—	35 C.P.
—	—	1	—	3	1	—	25	2	3	—
—	—	3	—	3	3	—	15	—	6	—
—	—	5	—	—	6	—	—	—	—	1 M.
—	—	—	—	—	5	—	4	—	2	—
—	—	—	—	—	2	—	1	—	1	—
—	—	12	6	26	84	5	86	3	19	35 C.P. 1 M.
—	—	—	—	—	6	—	11	—	1	—
—	—	—	—	5	1	2	3	—	1	19 C.P.
—	—	1	—	—	2	—	8	—	3	—
—	—	—	—	—	7	—	21	1	1	—
—	—	4	—	—	9	—	13	—	3	—
—	—	—	—	1	1	—	9	—	—	—
—	—	—	1	—	3	—	4	—	—	—
—	—	6	—	2	2	—	3	—	1	—
—	—	—	—	—	2	—	1	—	1	7 C.P.
—	—	6	—	5	11	—	22	—	3	—
—	—	4	—	—	13	—	12	—	1	1 M.
—	—	—	—	—	—	—	4	—	1	—
—	—	6	—	—	3	—	15	1	4	—
—	—	2	—	2	3	—	7	—	—	—
—	—	1	—	2	4	—	15	—	2	—
—	—	30	1	17	67	2	148	2	23	1 M. 26 C.P.
—	—	42	7	43	151	7	234	5	42	2 M. 61 C.P.

TABLE III—1958
CAUSES OF AND AGES AT DEATH

	Causes of Death	Under 1 year	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 years and over	Total
1	Tuberculosis, respiratory	—	—	—	1	6	14	11	32
2	Tuberculosis, other	—	—	—	—	1	1	1	3
3	Syphilitic disease	—	—	—	—	—	—	8	8
4	Diphtheria	—	—	—	—	—	—	—	—
5	Whooping cough	1	—	—	—	—	—	—	1
6	Meningococcal infections	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	—	—	—	—	1	—	—	1
8	Measles	—	1	—	—	—	—	—	1
9	Other infective and parasitic diseases	1	2	—	—	1	2	5	11
10	Malignant neoplasm, stomach	—	—	—	—	6	32	68	106
11	Malignant neoplasm, lung, bronchus	—	—	—	—	3	90	55	148
12	Malignant neoplasm, breast	—	—	—	—	6	35	44	85
13	Malignant neoplasm, uterus	—	—	—	—	2	13	17	32
14	Malignant neoplasm, lymphatic neoplasms	1	1	5	3	22	140	277	449
15	Leukaemia, aleukemia	—	—	3	2	2	7	9	23
16	Diabetes	—	—	—	1	—	9	30	40
17	Vascular lesions of nervous system	—	—	1	—	6	112	631	750
18	Coronary disease, angina	—	—	—	—	17	196	537	750
19	Hypertension with heart disease	—	—	—	—	—	24	88	112
20	Other heart disease	1	—	—	2	6	79	868	956
21	Other circulatory diseases	—	—	—	—	2	46	178	226
22	Influenza	—	2	1	—	1	7	30	41
23	Pneumonia	23	5	1	—	9	32	136	206
24	Bronchitis	4	—	1	1	—	46	158	210
25	Other diseases of respiratory system	1	1	1	—	1	21	44	70
26	Ulcer of stomach and duodenum	—	—	—	—	1	10	29	40
27	Gastritis, enteritis and diarrhoea	3	—	—	—	2	7	10	22
28	Nephritis and nephrosis	—	1	—	2	9	15	16	43
29	Hyperplasia of prostate	—	—	—	—	—	—	41	41
30	Pregnancy, childbirth, abortion	—	—	—	1	1	—	—	2
31	Congenital malformations	42	2	2	1	2	7	2	58
32	Other defined and ill-defined diseases	77	4	8	5	25	69	192	380
33	Motor vehicle accidents	—	2	5	17	17	12	15	68
34	All other accidents	4	3	5	3	10	30	67	122
35	Suicide	—	—	—	—	14	34	11	59
36	Homicide and operations of war	—	—	1	—	—	—	—	1
	TOTALS	158	24	34	40	173	1,090	3,578	5,097